* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	•	Description Description									Cost	•				erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	- Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
ALBANY	CDPHP Medicare Choice	CDPHP Medicare Choice	•						\$40.00	-								
		CDPHP Medicare Choice with Part D	•						\$75.55	\$32.94	•			•			95	•
	HealthNow New York Inc.	Senior Blue 400	•						\$0.00	-								
		Senior Blue 401	•						\$30.00	-								
		Traditional Blue Medicare PPO 201 Plus		•					\$65.00	-								
		Senior Blue 402	•						\$95.00	\$77.95			•	•			88	•
		Traditional Blue Medicare PPO 202 Plus		•					\$115.00	\$77.95			•	•			88	•
		Senior Blue 406	•						\$125.00	\$107.15	•			•			88	•
		Traditional Blue Medicare PPO 203 Enhanced		•					\$145.00	\$107.15	•			•			88	•
	Today's Option	Today's Options Basic				•			\$23.95	-								
		Today's Options Premier				•			\$37.95	-								
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			•				\$0.00	\$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Choice							\$0.00	-								
		UnitedHealthcareMedicareCompChoice Plus Rx							\$22.29	\$22.29							97	•
	UnitedHealthcare of New York, Inc.	UnitedHealthcare Medicare Complete	•						\$0.00	-							Ţ.	
		UnitedHealthcare Medicare Complete Rx	•						\$0.00	\$0.00	•			•			97	•
		Evercare Plan H	•						\$25.09	\$25.09	•			•			97	•
		Evercare Plan DH	•						\$29.32	\$29.32	•			•			97	•
	WellCare	WellCare Advance	•						\$0.00	-								
		WellCare Choice	•						\$0.00	\$0.00	•			•	•		85	•
		WellCare Access	•						\$25.82	\$25.82			•				85	•
		WellCare Liberty	٠						\$55.26	\$25.82			•				85	•
ALLEGANY	Excellus Health Plan, Inc.	SeniorChoice Value	•						\$0.00	-								
		SeniorChoice Select	•						\$15.00	-								
		Univera Medicare PPO 103		•					\$30.00	-								
		Univera Medicare PPO 102		•					\$44.00	\$21.85		•		•			87	•
		SeniorChoice Secure	•						\$45.00	\$22.88	•			•			87	•
	HealthNow New York Inc.	Senior Blue 401	•						\$0.00	-								
		Traditional Blue Medicare PPO 201 Plus		•					\$35.00	-								
		Senior Blue 402	•				-		\$95.00 \$110.00	\$57.29			•	•			88	•
	+	Traditional Blue Medicare PPO 202 Plus Senior Blue 406	•	•			<u> </u>		\$110.00	\$57.29 \$87.55			•	•	1		88 88	•
		Traditional Blue Medicare PPO 203	•															•
<u> </u>	Indones dest Health	Enhanced	<u> </u>	•	-		-		\$140.00 \$0.00	\$87.55	•		1	•	1		88	•
<u> </u>	Independent Health	Encompass 65 Basic Encompass 65 Basic with Rx	•				<u> </u>		\$0.00	- \$0.00			•		1		88	
-	+	Encompass 65	•	-	 		1		\$16.00	φυ.υυ -			<u> </u>	-	-		00	
-	+	Encompass 65 with Rx	÷	-	 		 		\$48.00	\$32.08			•	1	1		88	
-	+	Encompass 65 Extra	<u> </u>	-	 		 		\$55.00	\$46.93				•	1		90	
<u> </u>	+	Medicare Passport Plan PPO	⊢ •	•			 		\$60.00	\$32.08	⊢ •			-	-		88	
	+	Medicare Passport Plan PPO Premier	1	•			1		\$118.00	\$51.78	•		<u> </u>		1		90	
<u> </u>	Today's Option	Today's Options Basic	1			•	 		\$23.95	-			1		1			
		Today's Options Premier				•			\$37.95	-				1				
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice							\$0.00	\$0.00							97	
	55100	UnitedHealthcare Medicare Complete							\$0.00	ψ0.00				<u> </u>				•
		Choice UnitedHealthcareMedicareCompChoice			•												67	
		Plus Rx	l		•		<u> </u>		\$22.29	\$22.29	•		<u> </u>	•			97	•

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost	<u> </u>	<u> </u>			erage		Convenience
			Ме		ype of Advantage	Plan					D	rug Deduc	iible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
BRONX	Aetna Medicare	Aetna Golden Medicare Basic Plar Aetna Golden Medicare Value Plan	•						\$0.00 \$0.00	\$0.00	•			•			85	•
		Aetna Golden Medicare Standard Plan	Ť						ψ0.00	ψ0.00				•			- 00	
		w/Rx	•						\$40.00	\$36.71	•			•	•		85	
		Aetna Golden Medicare Premier Plan	•						\$65.00	\$58.39	•			•	•		97	•
	AmeriChoice Personal Care Plus	AmeriChoice Personal Care Plus	•						\$22.49	\$22.49			•				80	
	Empire BlueCross BlueShield	Senior Plan Direct PPO Plus		•					\$45.00	\$29.00	•			•			95	•
	Empire BlueCross BlueShield HMO	Senior Plan Direct Plus	•						\$0.00	\$0.00	•			•			95	•
	GHI Medicare Choice PPO	GHI Medicare PPO Prime GHI Medicare PPO Plus		•		 			\$0.00 \$0.00	\$0.00	•	1		•			87	•
-		GHI Medicare PPO Prus GHI Medicare PPO Premier		•	ļ	 	 		\$0.00	\$0.00	•	1		•			87	•
	1	GHI Medicare PPO Value		<u> </u>		-			\$22.46	\$22.46	- -	 	•	-	i i		87	•
	Health Net Of NY	Health Net SmartChoice for New York	•	_					\$0.00	\$0.00	•			•			97	•
		Health Net SmartChoice for NY	•						\$0.00	-				İ				
		Health Net SmartChoice for NY	•						\$17.02	\$17.02			•				97	•
		Health Net SmartChoice POS for NY	•						\$30.00	\$17.61	•			•			97	•
	Healthfirst Medicare Plan	Coordinated Benefits Plan	•						\$0.00	-								
		Healthfirst 65 Plus Plan	•						\$0.00	\$0.00	•			•			77	•
		Healthfirst Increased Benefits Plan	•						\$29.83	\$29.83			•				77	•
		Healthfirst Life Improvement Plan	•						\$29.83	\$29.83			•				86	•
	Healthfirst PPO	Healthfirst Maximum Plan Healthfirst PPO Complete Plan	•	-					\$29.83	\$29.83			•				86 77	•
		Open Access A	•	•					\$103.41 \$0.00	\$30.79 \$0.00	•			•			88	•
	Till Tleatti Flatfor Greater New Tork	Standard A	·						\$0.00	\$0.00	- ·			•			88	-
		RX Carveout	•						\$0.00	φο.σσ	-			•			- 00	
		Part B Only	•						\$48.87	\$48.87			•	•			88	•
	Hip Insurance Company Of New York	HIP PPO		•					\$54.70	\$40.70			•				88	•
	Liberty Health Advantage, Inc.	Preferred Choice	•						\$0.00	\$0.00	•			•	•		97	
		Dual Power - NYC	•						\$29.83	\$29.83			•				97	
	Neighborhood Health Providers	Neighborhood Medicare Plus	•						\$0.00	-								
		Neighborhood Medicare Supreme	•						\$27.21	\$27.21			•				93	•
		Neighborhood Medicare Plus Rx	•						\$29.83	\$29.83			•				94	•
	Oxford Medicare Advantage	Oxford Medicare Advantage Mosaic	•	-					\$0.00 \$0.00	\$0.00	•			•			97 97	•
		Oxford Medicare Advantage Signature Oxford Medicare Advantage Essential	•			1	-		\$0.00	\$0.00	•			•			97	<u> </u>
		Oxford Medicare Advantage Essential Oxford Medicare Advantage Select	•						\$24.90	\$24.90	•			•			97	
	Touchstone Health Partnership	Medicare Value	•	1		1	+		\$0.00	\$0.00	•	1		-:-	•		96	<u> </u>
		Medicare Dedicated	•	1		t			\$0.00	-		†						
		Medicare Enhanced	•						\$0.00	-								
		Medicare Total Advantage	•						\$31.00	\$30.90	•			•	•		96	•
		Medicare Freedom	•						\$50.00	\$0.00	•			•	•		96	•
	United Healthcare Insurance Co. of New York, Inc.	UnitedHealthcare Medicare Comp Choice Rx							\$23.00	\$0.00	•			•			97	•
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			•				\$0.00	\$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Choice			•				\$0.00	-								
		UnitedHealthcareMedicareCompChoice Plus Rx			•				\$22.29	\$22.29	•			•			97	•
	UnitedHealthcare of New York, Inc.	UnitedHealthcare Medicare Comp Plan 1Rx							\$0.00	\$0.00	•			•			97	•
	IM-IIO	Evercare Plan H	•	 	ļ				\$25.09	\$25.09	•	1		•			97	•
-	WellCare	WellCare Choice	•	1	 	1	-		\$0.00	\$0.00	•	 	ļ	•	•		85	•
		WellCare Dividend WellCare Passport	•	<u> </u>		 			\$0.00 \$0.00	\$0.00	•	 					85	•
H	+	WellCare Select	÷	1	 	1			\$7.46	\$7.46	<u> </u>	1	•	•	1		85	•
	1					1			\$25.86	\$25.86		1					00	

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description	M	т												erage Additional		Convenience
			M	т														
			1910		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Offered in erage Gap		
BROOME E	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE Medicare Blue PPO - THREE		•					\$0.00 \$24.00	- \$23.31		•		•			87	
		Medicare Blue PPO - TWO		÷					\$24.00	\$23.31	•	•		•			87	•
To	Today's Option	Today's Options Basic				•			\$23.95	-							0.	
		Today's Options Premier				•			\$37.95	-								
To	Touchstone Health Partnership	Medicare Dedicated	•						\$0.00	-								
		Medicare Value	•						\$25.00	\$0.00	•			•	•		96	•
		Medicare Freedom	•						\$36.00	\$0.00	•			•	•		96	•
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			•				\$0.00	\$0.00	•			•			97	
		UnitedHealthcare Medicare Complete Choice			•				\$0.00	-								
		UnitedHealthcareMedicareCompChoice Plus Rx			•				\$22.29	\$22.29	•			•			97	
	UnitedHealthcare of New York, Inc.	Evercare Plan H	•						\$25.09	\$25.09	•			•			97	•
CATTARAUGUS Ex	Excellus Health Plan, Inc.	SeniorChoice Value	•						\$0.00	-								
		SeniorChoice Select	•				1		\$15.00	-								
		Univera Medicare PPO 103 Univera Medicare PPO 102		•		1			\$30.00 \$44.00	\$21.85				•			87	
		SeniorChoice Secure	•	•					\$45.00	\$21.88	•	•		•			87	•
H	HealthNow New York Inc.	Senior Blue 401	÷						\$0.00	ΨΖΖ.00	•			•			07	_ _
- 110	icalantow recw Tolk Inc.	Traditional Blue Medicare PPO 201 Plus		•					\$35.00	-								
		Senior Blue 402	•						\$95.00	\$57.29			•	•			88	•
		Traditional Blue Medicare PPO 202 Plus		•					\$110.00	\$57.29			•	•			88	•
		Senior Blue 406	•						\$125.00	\$87.55	•			•			88	•
		Traditional Blue Medicare PPO 203 Enhanced							\$140.00	\$87.55				•			88	
In	ndependent Health	Encompass 65 Basic	٠						\$0.00	-								
		Encompass 65 Basic with Rx	•						\$0.00	\$0.00			•				88	
		Encompass 65	•						\$16.00	-								
		Encompass 65 with Rx	•						\$48.00	\$32.08			•				88	
\vdash		Encompass 65 Extra Medicare Passport Plan PPO	•			1	1		\$55.00 \$60.00	\$46.93 \$32.08	•		•	•			90 88	
		Medicare Passport Plan PPO Premier		-					\$118.00	\$51.78	•		•	•			90	
To	Today's Option	Today's Options Basic		-		•			\$23.95	-	-						50	
	•	Today's Options Premier				•			\$37.95	-								
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			•				\$0.00	\$0.00	•			•			97	
		UnitedHealthcare Medicare Complete Choice			•				\$0.00	-								
		UnitedHealthcareMedicareCompChoice Plus Rx			•				\$22.29	\$22.29	•			•			97	
		Evercare Plan H	•						\$25.09	\$25.09	•			•			97	•
CAYUGA Ex	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE		•		ļ			\$20.00	-								
		Medicare Blue PPO - THREE	 	•	ļ				\$44.00	\$21.13		•		•			87	•
-	Fodovia Option	Medicare Blue PPO - TWO	1	•	 	 			\$44.00	\$21.13	•		ļ	•		 	87	•
10	Foday's Option	Today's Options Basic Today's Options Premier	<u> </u>			•			\$23.95 \$37.95		<u> </u>							
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Comp Choice								-							67	
Cr	Choice	Rx UnitedHealthcare Medicare Complete			•				\$0.00	\$0.00	•			•			97	•
		Choice			•	ļ			\$0.00	-						ļ		
		UnitedHealthcareMedicareCompChoice Plus Rx			•				\$22.29	\$22.29	•			•			97	•
Ur	UnitedHealthcare of New York, Inc.	UnitedHealthcare Medicare Complete	٠			ļ			\$0.00	-								
—		UnitedHealthcare Medicare Complete Rx Evercare Plan H	•						\$0.00 \$25.09	\$0.00 \$25.09	•			•			97 97	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

CHAUTAUQUA Exi	rganization Name ccellus Health Plan, Inc.	Plan Name	Ma		ype of Advantage	Plan					D	rug Deduct	lbla		Type of A	Additional		Convenience
CHAUTAUQUA Exi	ccellus Health Plan, Inc.											ag Douaci	ible			Offered in erage Gap		
CHAUTAUQUA Ex			нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
He		SeniorChoice Value	•						\$0.00	-			()	,			,	
He		SeniorChoice Select	•						\$15.00	-								
He		Univera Medicare PPO 103		•					\$30.00	-								<u> </u>
He		Univera Medicare PPO 102		•					\$44.00	\$21.85		•		•			87	•
He		SeniorChoice Secure	•						\$45.00	\$22.88	•			•			87	•
	ealthNow New York Inc.	Senior Blue 401	•						\$0.00	-								
		Traditional Blue Medicare PPO 201 Plus		•					\$35.00	-							00	
		Senior Blue 402	•						\$95.00	\$57.29			•	•		ļ	88	•
 		Traditional Blue Medicare PPO 202 Plus Senior Blue 406	•	•			\vdash		\$110.00 \$125.00	\$57.29 \$87.55		 	•	•	 	 	88 88	•
 		Traditional Blue Medicare PPO 203	⊢ i		1		\vdash		ψ120.00	ψυ1.00	•			•	 		00	
		Enhanced	l						\$140.00	\$87.55							88	
Ind	dependent Health	Encompass 65 Basic	•	Ť					\$0.00	-	·			•			00	
	ao portaone i routai	Encompass 65 Basic with Rx	•						\$0.00	\$0.00			•				88	
		Encompass 65	•						\$16.00	-								
		Encompass 65 with Rx	•						\$48.00	\$32.08			•				88	
		Encompass 65 Extra	•						\$55.00	\$46.93	•			•			90	i
		Medicare Passport Plan PPO		•					\$60.00	\$32.08			•				88	i
		Medicare Passport Plan PPO Premier		•					\$118.00	\$51.78	•			•			90	i '
Too	oday's Option	Today's Options Basic				•			\$23.95	-								i '
		Today's Options Premier				•			\$37.95	-								[
	nitedHealthcare Medicare Complete noice	UnitedHealthcare Medicare Comp Choice Rx							\$0.00	\$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Choice			•				\$0.00	-								
		UnitedHealthcareMedicareCompChoice Plus Rx							\$22.29	\$22.29	•			•			97	•
Un	nitedHealthcare of New York, Inc.	Evercare Plan H	•						\$25.09	\$25.09	•			•			97	•
		Evercare Plan DH	•						\$29.32	\$29.32	•			•			97	•
CHEMUNG Ex	cellus Health Plan, Inc.	Medicare Blue PPO - ONE		•					\$0.00	-								 '
		Medicare Blue PPO - THREE		•					\$24.00	\$23.31		•		•			87	•
т.	de de Oetien	Medicare Blue PPO - TWO		•		•			\$24.00 \$23.95	\$23.31	•			•			87	•
100	oday's Option	Today's Options Basic				•			\$37.95	-								
		Today's Options Premier UnitedHealthcare Medicare Comp Choice				•			\$0.00	\$0.00	•						97	•
Cn	noice	UnitedHealthcare Medicare Complete							\$0.00	\$0.00	•			•			97	
		Choice UnitedHealthcareMedicareCompChoice Plus Rx							\$22.29	\$22.29				_			97	•
CHENANGO Ex	cellus Health Plan, Inc.	Medicare Blue PPO - ONE	1	•	<u> </u>		\vdash		\$0.00	φ∠∠.∠ઝ	•			•			31	_ -
OLILIANIAOO EX	ACCINGO FICARLIT FIAH, IIIC.	Medicare Blue PPO - THREE	 	·					\$24.00	\$23.31				•	-	-	87	•
		Medicare Blue PPO - TWO	l	·					\$24.00	\$23.31		-		- :			87	•
To	oday's Option	Today's Options Basic	l	Ť		•			\$23.95	φ23.31		l		-			0,	
100	aay o opiion	Today's Options Premier	l			•			\$37.95	-		l						
To	puchstone Health Partnership	Medicare Dedicated	•						\$0.00	-		l						(
1.0		Medicare Value	•						\$25.00	\$0.00	•			•	•		96	•
		Medicare Freedom	•						\$36.00	\$0.00	•			•	•		96	•
	nitedHealthcare Medicare Complete	UnitedHealthcare Medicare Comp Choice Rx							\$0.00	\$0.00				•			97	•
9		UnitedHealthcare Medicare Complete Choice							\$0.00	-								
		UnitedHealthcareMedicareCompChoice Plus Rx							\$22.29	\$22.29				•			97	

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	Description									Cost				Cove	erage		Convenience
		Me			Plan					D	rug Deduc	tible		Coverage	Offered in		
Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service			Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copayments for Drugs	- Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
Excellus Health Plan, Inc.			•						-								
											•						•
			•							•			•			87	•
Today's Option																	
11.5					•			\$37.95	-								
Choice			-	•				\$0.00	\$0.00	•			•			97	•
								60.00									
				•				\$0.00	-		ļ						
			l					\$22.29	\$22.20			İ				97	
HealthNow New York Inc		_		•						•			•			91	•
Health tow few fork inc.									1								
		Ť	-														
			-													88	•
																	•
			Ť								1						•
								ψ.20.00	ψισιιισ		1						
								\$145.00	\$107.15							88	
Today's Option					•				-		ì						
,	Today's Options Premier				•				-								
UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			•				\$0.00	\$0.00							97	•
	UnitedHealthcare Medicare Complete Choice			•				\$0.00	_								
	UnitedHealthcareMedicareCompChoice							\$22.29	\$22.29							97	•
UnitedHealthcare of New York, Inc.	Evercare Plan H	•						\$25.09	\$25.09	•			•			97	•
Excellus Health Plan, Inc.	Medicare Blue PPO - ONE		•					\$20.00	-		1						
	Medicare Blue PPO - THREE		•					\$44.00	\$21.13		•		•			87	•
	Medicare Blue PPO - TWO		•					\$44.00	\$21.13	•			•			87	•
Today's Option	Today's Options Basic				•			\$23.95	-								
	Today's Options Premier				•			\$37.95	-								
UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			•				\$0.00	\$0.00							97	
	Choice			•				\$0.00	-								
	Plus Rx			•				\$22.29	\$22.29	•						97	•
Excellus Health Plan, Inc.			٠						-								
			•								•		•			87	•
			•							•	ļ		•			87	•
Today's Option	Today's Options Basic				•				-								
					•				1		ļ						
Touchstone Health Partnership		•							-		ļ						
			 		 					•	ļ		•	•			•
11.5.11.5.11		•	 		 			\$36.00	\$0.00	•	ļ		· •	•		96	•
UnitedHealthcare Medicare Complete Choice	Rx			•				\$0.00	\$0.00				•			97	•
	Choice			•				\$0.00	-								
	UnitedHealthcareMedicareCompChoice Plus Rx			•				\$22.29	\$22.29							97	•
	Excellus Health Plan, Inc. Today's Option UnitedHealthcare Medicare Complete Choice HealthNow New York Inc. Today's Option UnitedHealthcare Medicare Complete Choice UnitedHealthcare of New York, Inc. Excellus Health Plan, Inc. Today's Option UnitedHealthcare Medicare Complete Choice Excellus Health Plan, Inc. Today's Option UnitedHealthcare Medicare Complete Choice Excellus Health Plan, Inc.	Organization Name Excellus Health Plan, Inc. Medicare Blue PPO - ONE Medicare Blue PPO - THREE Medicare Blue PPO - THREE Medicare Blue PPO - THREE Medicare Blue PPO - TWO Today's Options Basic Today's Options Premier UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare PPO 201 Plus Senior Blue 400 Senior Blue 401 Traditional Blue Medicare PPO 201 Plus Senior Blue 402 Traditional Blue Medicare PPO 202 Plus Senior Blue 406 Traditional Blue Medicare PPO 203 Enhanced Today's Options Pasic UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Comp Choice Rx UnitedHealthcare Medicare Comp Choice Rx UnitedHealthcare Medicare Comp Choice Rx UnitedHealthcare Medicare Comp Choice Rx UnitedHealthcare Medicare Comp Choice Rx UnitedHealthcare Medicare Comp Choice Rx UnitedHealthcare Medicare Comp Choice Choice UnitedHealthcare Medicare Comp Choice UnitedHealthcare Medicare Comp Choice Rx UnitedHealthcare Medicare Comp Choice UnitedHealthcare Medicare Comp Choice UnitedHealthcare Medicare Comp Choice UnitedHealthcare Medicare Comp Choice Rx United	Organization Name Excellus Health Plan, Inc. Medicare Blue PPO - ONE Medicare Blue PPO - THREE United Healthcare Medicare Complete Choice United Healthcare Medicare Complete Choice United Healthcare Medicare Complete Choice United Health Mow New York Inc. Senior Blue 400 Senior Blue 400 Senior Blue 400 Senior Blue 400 Traditional Blue Medicare PPO 201 Plus Senior Blue 400 Traditional Blue Medicare PPO 202 Plus Senior Blue 406 Traditional Blue Medicare PPO 203 Enhanced Today's Option Today's Option Service United Healthcare Medicare Complete Choice United Healthcare Medic	Organization Name Excellus Health Plan, Inc. Medicare Blue PPO - ONE Medicare Blue PPO - THREE Medicare Blue PPO - THREE Medicare Blue PPO - THREE Medicare Blue PPO - THREE Medicare Blue PPO - TWO Today's Option Today's Options Basic Today's Options Basic UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare Complete Choice UnitedHealthcare Medicare PPO 201 Plus Senior Blue 400 Senior Blue 400 Traditional Blue Medicare PPO 202 Plus Senior Blue 402 Traditional Blue Medicare PPO 202 Plus Senior Blue 406 Traditional Blue Medicare PPO 203 Enhanced Today's Options Passic Today's Options Premier UnitedHealthcare Medicare Complete Choice Unit	Organization Name Plan Name Excellus Health Plan, Inc. Medicare Blue PPO - ONE Medicare Blue PPO - THREE Medicare Blue PPO - THREE Medicare Blue PPO - THREE Medicare Blue PPO - THREE Medicare Blue PPO - THREE Medicare Blue PPO - THREE Medicare Blue PPO - THREE United-Healthcare Medicare Complete United-Healthcare Medicare Complete Choice United-Healthcare Medicare Complete United-Healthcare Medicare Complete Choice United-Healthcare Medicare Complete United-Healthcare Medicare Complete Choice United-Healthcare Medicare Complete United-Healthcare Medicare PPO 201 Plus Senior Blue 400 Senior Blue 400 Senior Blue 400 Traditional Blue Medicare PPO 201 Plus Senior Blue 400 Traditional Blue Medicare PPO 202 Plus Senior Blue 400 Traditional Blue Medicare PPO 203 Enhanced Today's Options Premier United-Healthcare Medicare Comp Choice Rx Senior Blue 400 Traditional Blue Medicare PPO 203 Enhanced Today's Options Premier United-Healthcare Medicare Comp Choice Rx United-Healthcare Medicare Complete Choice United-Healthcare Medicare Complete Cho	Organization Name Plan Name Plan Name HMO PPO Repro Service Excellus Health Plan, Inc. Medicare Blue PPO - ONE Medicare PPO PPO Service Medicare Blue PPO - THREE Medicare Comp PPO Troday's Option Promise Composition State Comp	Organization Name Plan Name Plan Name Plan Name PPO - ONE PPO PPO PPO PPO PPO PPO PPO PPO PPO PP	Organization Name Plan Name Namication N	Type of Medicare Advantage Plan Committee Committ	Type of Medicare Advantage Plan Beneficiary Total Private Cost Demo, Total President Proposed Plan Proposed Plan President Proposed Plan Plan President Type of Medicare Advantage Plan	Drug Deduc Dru	Drug Deductible Drug Deduc	Type of Medicare Advantage Plan	Type of Includes Type of Medicare Advantage Plan	Type of Additional Congress Plan Name		

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description					 9			Cost	р тошто	,			erage		Convenience
			Me		ype of Advantage	Plan				D	rug Deduct	tible		Type of Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
DUTCHESS	GHI Medicare Choice PPO	GHI Medicare PPO I		•				\$0.00	-			(, ,		,		,	
		GHI Medicare PPO II		•				\$20.00	\$20.00	•			•			87	•
		GHI Medicare PPO III		•				\$30.00	\$30.00	•			•	•		87	•
	Today's Option	Today's Options Basic				•		\$23.95	-								
		Today's Options Premier				•		\$37.95	-								
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Comp Choice															
	Choice	Rx			•			\$0.00	\$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete															
		Choice			•			\$0.00	-								
		UnitedHealthcareMedicareCompChoice															
		Plus Rx			•			\$22.29	\$22.29	•			•			97	•
	UnitedHealthcare of New York, Inc.	Evercare Plan H	•					\$25.09	\$25.09	•			•			97	•
	WellCare	WellCare Choice	٠					\$0.00	\$0.00	•			•			85	•
		WellCare Advance	•					\$0.00	-								
		WellCare Prescription Plus	•					\$0.00	\$0.00	•			•	•		85	•
		WellCare Select	•					\$7.46	\$7.46			•	•			85	•
		WellCare Access	•					\$25.84	\$25.84			•				85	•
ERIE	Excellus Health Plan, Inc.	SeniorChoice Value	•					\$0.00	-								
		SeniorChoice Select	•					\$15.00	-								
		SeniorChoice	•					\$22.88	\$22.88		•		•			87	•
		Univera Medicare PPO 103		•				\$30.00	-								
		Univera Medicare PPO 102		•				\$44.00	\$21.85		•		•			87	•
		SeniorChoice Secure	•					\$45.00	\$22.88	•			•			87	•
	HealthNow New York Inc.	Senior Blue 401	•					\$0.00	-								
		Traditional Blue Medicare PPO 201 Plus		•				\$35.00	-								
		Senior Blue 402	•					\$95.00	\$57.29			•	•			88	•
		Traditional Blue Medicare PPO 202 Plus		•				\$110.00	\$57.29			•	•			88	•
		Senior Blue 406	•					\$125.00	\$87.55	•			•			88	•
		Traditional Blue Medicare PPO 203						_	_								
		Enhanced		•				\$140.00	\$87.55	•			•			88	•
<u> </u>	Independent Health	Encompass 65 Basic	•	<u> </u>				\$0.00	-				ļ	<u> </u>			
	1	Encompass 65 Basic with Rx	•	<u> </u>				\$0.00	\$0.00			•		<u> </u>		88	
	+	Encompass 65	•					\$16.00	-							00	1
		Encompass 65 with Rx	•					\$48.00 \$55.00	\$32.08 \$46.93			•	_	1		88	
		Encompass 65 Extra	•	<u> </u>				\$55.00 \$60.00	\$46.93 \$32.08	•			•	1		90	
	4	Medicare Passport Plan PPO Medicare Passport Plan PPO Premier		•				\$60.00 \$118.00	\$32.08 \$51.78			•				88 90	
	Today's Option	Today's Options Basic		•		•		\$118.00 \$23.95	\$51.78	•			· •			90	
-	Today's Option	Today's Options Basic Today's Options Premier		-	 	•		\$23.95 \$37.95				 	-	-			
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Comp Choice		-	 	•		\$31.95	-			 	-	-			-
	Choice Choice	Rx			•			\$0.00	\$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Choice			•			\$0.00	-								
		UnitedHealthcareMedicareCompChoice Plus Rx						\$22.29	\$22.29				•			97	•
	UnitedHealthcare of New York, Inc.	UnitedHealthcare Medicare Complete	•					\$0.00	-								
	·	UnitedHealthcare Medicare Complete Rx	•					\$0.00	\$0.00	•			•			97	•
		Evercare Plan H	•					\$25.09	\$25.09	•			•			97	•
		Evercare Plan DH	•					\$29.32	\$29.32	•			•			97	•

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
ESSEX	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE		•					\$60.00	-								
		Medicare Blue PPO - THREE		•					\$84.00	\$17.64		•		•			87	•
		Medicare Blue PPO - TWO		•					\$84.00	\$17.64	•			•			87	•
	Today's Option	Today's Options Basic				•			\$23.95	-								
		Today's Options Premier				•			\$37.95	-								
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Comp Choice																
	Choice	Rx			•				\$0.00	\$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Choice							\$0.00	-								
		UnitedHealthcareMedicareCompChoice Plus Rx							\$22.29	\$22.29							97	•
FRANKLIN	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE							\$60.00	· -		1					· ·	
		Medicare Blue PPO - THREE		•					\$84.00	\$17.64		•		•			87	
		Medicare Blue PPO - TWO		•					\$84.00	\$17.64	•			•			87	•
	Today's Option	Today's Options Basic				•			\$23.95	-								
	,	Today's Options Premier				•			\$37.95	-								
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Comp Choice							40									
	Choice	Rx			•				\$0.00	\$0.00				•			97	•
		UnitedHealthcare Medicare Complete Choice							\$0.00	_								
		UnitedHealthcareMedicareCompChoice Plus Rx							\$22.29	\$22.29							97	•
FULTON	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE	-	•	 				\$40.00	ΨΖΖ.ΖΘ	<u> </u>	1		•			31	
IOLIOIN	Executes Fieduri Fidit, Iric.	Medicare Blue PPO - THREE		•					\$64.00	\$17.54		•					87	•
		Medicare Blue PPO - TWO		•					\$64.00	\$17.54	•	<u> </u>		•			87	•
	HealthNow New York Inc.	Senior Blue 400	•						\$0.00	-							<u> </u>	
		Senior Blue 401	•						\$30.00	-								
		Traditional Blue Medicare PPO 201 Plus		•					\$65.00	-								
		Senior Blue 402	•						\$95.00	\$77.95			•	•			88	•
		Traditional Blue Medicare PPO 202 Plus	1	•	İ				\$115.00	\$77.95			•	•		İ	88	•
		Senior Blue 406	•	1	1				\$125.00	\$107.15	•			•		1	88	•
		Traditional Blue Medicare PPO 203 Enhanced							\$145.00	\$107.15							88	•
	Today's Option	Today's Options Basic				•			\$23.95	-		1	1	İ -				
		Today's Options Premier				•			\$37.95	-								
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Comp Choice																
	Choice	Rx UnitedHealthcare Medicare Complete		ļ	•				\$0.00	\$0.00	•			•			97	•
		Choice							\$0.00	-								
		UnitedHealthcareMedicareCompChoice Plus Rx							\$22.29	\$22.29							97	•

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cove	erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
GENESEE	Excellus Health Plan, Inc.	SeniorChoice Value	•						\$0.00	-			,				,	
		SeniorChoice Select	•						\$15.00	-								
		Univera Medicare PPO 103		•					\$30.00	-								
		Univera Medicare PPO 102		•					\$44.00	\$21.85		•		•			87	•
		SeniorChoice Secure	•						\$45.00	\$22.88	•			•			87	•
	HealthNow New York Inc.	Senior Blue 401	•						\$0.00	-								
		Traditional Blue Medicare PPO 201 Plus		•					\$35.00	-								
		Senior Blue 402	•						\$95.00	\$57.29			•	•			88	•
	1	Traditional Blue Medicare PPO 202 Plus		•			-		\$110.00	\$57.29			•	•			88	•
	+	Senior Blue 406	٠	<u> </u>	<u> </u>	<u> </u>	_	<u> </u>	\$125.00	\$87.55	•	<u> </u>		•			88	•
		Traditional Blue Medicare PPO 203	l					l	64.40.00	607.55			l					
	la denondent Lleeth	Enhanced	•	•	1	 	-	-	\$140.00	\$87.55	•	1	-	•	 		88	•
	Independent Health	Encompass 65 Basic Encompass 65 Basic with Rx	•	1			-	-	\$0.00 \$0.00	\$0.00			•	 			88	
		Encompass 65 Basic With RX	·	 	-				\$16.00	-		-	•				00	
		Encompass 65 with Rx	•	 	-				\$48.00	\$32.08		-	•				88	
		Encompass 65 Extra	÷						\$55.00	\$46.93	•		•	•			90	
		Medicare Passport Plan PPO	Ť	•			-		\$60.00	\$32.08			•	•			88	
		Medicare Passport Plan PPO Premier		•					\$118.00	\$51.78				•			90	
	Preferred Care Gold	Preferred Care Gold	•	<u> </u>					\$16.43	φσ1.70	-			·			30	
	i reiented date dela	Preferred Care GoldRx	•						\$52.00	\$35.60	•			•			97	•
	Preferred Care GoldAnywhere	Preferred Care GoldAnywhere							\$75.00	-				-			Ü.	
	, , , , , , , , , , , , , , , , , , , ,	Preferred Care GoldAnywhereRx		•					\$110.00	\$35.39	•			•			97	•
	Today's Option	Today's Options Basic				•			\$23.95	-								
		Today's Options Premier				•			\$37.95	-								
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx							\$0.00	\$0.00							97	
		UnitedHealthcare Medicare Complete Choice							\$0.00	-								
		UnitedHealthcareMedicareCompChoice Plus Rx							\$22.29	\$22.29	•						97	•
	UnitedHealthcare of New York, Inc.	Evercare Plan H	•						\$25.09	\$25.09	•			•			97	•
GREENE	HealthNow New York Inc.	Senior Blue 400	•						\$0.00	-								
		Senior Blue 401	•						\$30.00	-								
	1	Traditional Blue Medicare PPO 201 Plus		•	ļ	 	L		\$65.00	-		 			ļ			
		Senior Blue 402	•						\$95.00	\$77.95			•	•			88	•
	1	Traditional Blue Medicare PPO 202 Plus		•			-		\$115.00	\$77.95			•	•			88	•
		Senior Blue 406	•			-	-		\$125.00	\$107.15	•			•			88	•
		Traditional Blue Medicare PPO 203 Enhanced		•					\$145.00	\$107.15	•			•			88	•
	Today's Option	Today's Options Basic	<u> </u>	<u> </u>	<u> </u>	•	_	<u> </u>	\$23.95	-		<u> </u>						
	Halfard Lands and Madisans Co. 1	Today's Options Premier	<u> </u>	<u> </u>	<u> </u>	•	_	<u> </u>	\$37.95	-		<u> </u>						
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Comp Choice	l					l	60.00	\$0.00			l				07	_
	Choice	UnitedHealthcare Medicare Complete			•				\$0.00	\$0.00	•			•			97	•
		Choice UnitedHealthcareMedicareCompChoice			•				\$0.00	-				1				
	Lucius	Plus Rx	<u> </u>	<u> </u>	· •	<u> </u>	_	<u> </u>	\$22.29	\$22.29	•	<u> </u>		•			97	•
	WellCare	WellCare Advance	•	ļ	 	 			\$0.00	-		 					0.5	
	+	WellCare Prescription Plus	٠	<u> </u>	<u> </u>	<u> </u>	_	<u> </u>	\$0.00	\$0.00	•	<u> </u>		•	•		85	•
	+	WellCare Choice	•	1	1	 	-	-	\$0.00	\$0.00		1	•	•	 		85	•
		WellCare Select	•	 			 	<u> </u>	\$7.46	\$7.46			•	•			85	•
		WellCare Access	•	<u> </u>	<u> </u>	<u> </u>			\$25.76	\$25.76		<u> </u>	•	l	<u> </u>		85	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								Cost				Cov	erage		Convenience
			M		ype of Advantage	Plan				D	rug Deduct	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	- Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
HAMILTON	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE		•			 	\$40.00	-			(4200)	g-				
		Medicare Blue PPO - THREE		•				\$64.00	\$17.54				•			87	
		Medicare Blue PPO - TWO		•				\$64.00	\$17.54	•	1		•			87	•
	Today's Option	Today's Options Basic				•		\$23.95	-		1						
		Today's Options Premier				•		\$37.95	-		1						
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			•			\$0.00	\$0.00							97	•
		UnitedHealthcare Medicare Complete Choice						\$0.00	-								
		UnitedHealthcareMedicareCompChoice															
		Plus Rx			•			\$22.29	\$22.29	•			•			97	•
HERKIMER	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE		•				\$0.00	-								
		Medicare Blue PPO - THREE		•				\$24.00	\$22.78		•		•			87	•
		Medicare Blue PPO - TWO		•				\$24.00	\$22.78	•			•			87	•
	New York State Catholic HIth Plan Inc	Fidelis Medicaid Advantage	•					\$34.01	\$34.01							95	•
		Fidelis Medicare Advantage	•					\$39.00	-								
	To deade Outlier	Fidelis M'c Advantage with Prescription Dr	•					\$72.53 \$23.95	\$33.53	•			•			95	•
	Today's Option	Today's Options Basic Today's Options Premier				•		\$23.95	H :						ļ		
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Comp Choice		 	-	•		\$37.95			-						
	Choice	Rx						\$0.00	\$0.00				•			97	
	Choice	UnitedHealthcare Medicare Complete Choice						\$0.00	-				·			31	
		UnitedHealthcareMedicareCompChoice Plus Rx						\$22.29	\$22.29							97	
JEFFERSON	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE						\$20.00	-		†					j.	
		Medicare Blue PPO - THREE		•				\$44.00	\$21.13		•		•			87	•
		Medicare Blue PPO - TWO		•				\$44.00	\$21.13	•	<u> </u>		•			87	•
	Today's Option	Today's Options Basic				•		\$23.95	-			l					
		Today's Options Premier				•		\$37.95	-								
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx						\$0.00	\$0.00							97	•
		UnitedHealthcare Medicare Complete Choice			•			\$0.00	-								
		UnitedHealthcareMedicareCompChoice Plus Rx						\$22.29	\$22.29							97	•
	UnitedHealthcare of New York, Inc.	Evercare Plan H	•					\$25.09	\$25.09	•			•	İ		97	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cove	erage		Convenience
			Me		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County KINGS	Organization Name Aetna Medicare	Plan Name Aetna Golden Medicare Basic Plar	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium) \$0.00	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
KINGS	Aetha Medicare	Aetna Golden Medicare Basic Plan Aetna Golden Medicare Value Plan	•			1			\$0.00	\$0.00	•			•			85	•
		Aetna Golden Medicare Standard Plan							ψ0.00	ψ0.00							- 00	,
		w/Rx	•						\$40.00	\$36.71	•			•	•		85	•
		Aetna Golden Medicare Premier Plan	•						\$65.00	\$58.39	•			•	•		97	•
	AmeriChoice Personal Care Plus	AmeriChoice Personal Care Plus	•						\$22.49	\$22.49			•				80	
	Elderplan, Inc.	Elderplan, INC						•	\$0.00	\$0.00	•			•		•	97	•
	Empire BlueCross BlueShield	Senior Plan Direct PPO Plus		•					\$45.00	\$29.00	•			•			95	•
	Empire BlueCross BlueShield HMO	Senior Plan Direct Plus	•						\$0.00	\$0.00	•			•			95	•
-	GHI Medicare Choice PPO	GHI Medicare PPO Prime	l	•		 	-		\$0.00 \$0.00	\$0.00				 			07	•
 		GHI Medicare PPO Plus GHI Medicare PPO Premier	-	•		 	 	-	\$0.00	\$0.00	•			•			87 87	
-	+	GHI Medicare PPO Value	1	•		1	 		\$0.00	\$0.00	<u> </u>	1	•	•	•		87	•
	Health Net Of NY	Health Net SmartChoice for New York		Ť		1	1		\$0.00	\$0.00	•		•	•			97	-
	Ticalari vet er ivi	Health Net SmartChoice for NY	•						\$0.00	φο.σσ	•			•			- 57	
		Health Net SmartChoice for NY	•						\$17.02	\$17.02			•				97	•
		Health Net SmartChoice POS for NY	•						\$30.00	\$17.61	•			•			97	•
	Healthfirst Medicare Plan	Coordinated Benefits Plan	•						\$0.00	-								
		Healthfirst 65 Plus Plan	•						\$0.00	\$0.00	•			•			77	•
		Healthfirst Increased Benefits Plan	•						\$29.83	\$29.83			•				77	•
		Healthfirst Life Improvement Plan	•						\$29.83	\$29.83			•				86	•
		Healthfirst Maximum Plan	•						\$29.83	\$29.83			•				86	•
	Healthfirst PPO	Healthfirst PPO Complete Plan		•					\$103.41	\$30.79	•			•			77	•
	HIP Health Plan of Greater New York	Open Access A	•						\$0.00	\$0.00	•			•			88	•
		Standard A RX Carveout	•						\$0.00 \$0.00	\$0.00	•			•			88	•
-		Part B Only	•			1			\$48.87	\$48.87			•				88	•
	Hip Insurance Company Of New York	HIP PPO	•						\$54.70	\$40.70			•	•			88	-
	Liberty Health Advantage, Inc.	Preferred Choice	•						\$0.00	\$0.00							97	
	Elberty Frealtry (dvartage, me.	Dual Power - NYC	•						\$29.83	\$29.83	•		•	•	_		97	
	Neighborhood Health Providers	Neighborhood Medicare Plus	•						\$0.00	-								
		Neighborhood Medicare Supreme	•						\$27.21	\$27.21			•				93	•
		Neighborhood Medicare Plus Rx	•						\$29.83	\$29.83			•				94	•
	Oxford Medicare Advantage	Oxford Medicare Advantage Balance	•						\$0.00	\$0.00	•			•			97	•
		Oxford Medicare Advantage Mosaic	•						\$0.00	\$0.00	•			•			97	•
		Oxford Medicare Advantage Signature	•						\$0.00	\$0.00	•			•			97	•
		Oxford Medicare Advantage Essential	•			ļ			\$0.00	-								
	Tarrelante and Hanklin Danta and C	Oxford Medicare Advantage Select	•						\$24.90	\$24.90	•			•			97	•
-	Touchstone Health Partnership	Medicare Value Medicare Dedicated	•			 	-		\$0.00 \$0.00	\$0.00	•			•	•		96	•
		Medicare Dedicated Medicare Enhanced	•			 			\$0.00	-								
-	+	Medicare Enhanced Medicare Total Advantage	•			 			\$31.00	\$30.90							96	
-	+	Medicare Freedom	:			 			\$50.00	\$0.00	-			•	· ·		96	•
	United Healthcare Insurance Co. of	UnitedHealthcare Medicare Comp Choice	<u> </u>			1	-		ψ00.00	\$3.00				- -	1		30	<u> </u>
	New York, Inc. UnitedHealthcare Medicare Complete	Rx UnitedHealthcare Medicare Comp Choice		•					\$23.00	\$0.00	•			•			97	•
	Choice Chine Wedicare Complete	Rx	l			1	l	l	\$0.00	\$0.00							97	1 .
		UnitedHealthcare Medicare Complete Choice							\$0.00	\$5.00							31	-
-		UnitedHealthcareMedicareCompChoice	1		·	 	 		φυ.υυ	 				 			-	
		Plus Rx	l						\$22.29	\$22.29							97	
	UnitedHealthcare of New York, Inc.	UnitedHealthcare Medicare Comp Plan 1Rx							\$0.00	\$0.00							97	•
-	C.M.Car localitions of 1404 101K, IIIC.	UnitedHealthcare Medicare Comp Plan 3	<u> </u>			1			ψ0.00	ψ0.00	<u> </u>			<u> </u>			J,	<u> </u>
		Rx							\$0.00	\$0.00							97	
		Evercare Plan H	•			1			\$25.09	\$25.09	•		l	•			97	

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduc	tible	-	Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
KINGS	WellCare	WellCare Choice	•						\$0.00	\$0.00	•			•	•		85	•
		WellCare Evergreen	•						\$0.00	\$0.00	•			•	•		85	•
		WellCare Dividend	•						\$0.00	-								
		WellCare Passport	•						\$0.00	\$0.00	•			•			85	•
		WellCare Select	•						\$7.46	\$7.46			•	•			85	•
		WellCare Access	•						\$25.86	\$25.86			•				85	•
LEWIS	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE		•					\$20.00	-								
		Medicare Blue PPO - THREE		•					\$44.00	\$21.13		•		•			87	•
		Medicare Blue PPO - TWO		•					\$44.00	\$21.13	•			•			87	•
	Today's Option	Today's Options Basic				•			\$23.95	-								
		Today's Options Premier				•			\$37.95	-								
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx							\$0.00	\$0.00							97	•
		UnitedHealthcare Medicare Complete Choice							\$0.00	-								
		UnitedHealthcareMedicareCompChoice Plus Rx							\$22.29	\$22.29							97	•
LIVINGSTON	Excellus Health Plan, Inc.	Medicare Blue Choice Value	•						\$10.00	-								
		Medicare Blue Choice Platinum	•						\$25.00	-								
		Medicare Blue PPO - Plan 101		•					\$60.00	-								
		Medicare Blue Choice Optimum	•						\$69.00	\$24.10	•			•			87	•
		Medicare Blue PPO - Plan 201		•					\$74.00	\$23.83		•		•			87	•
		Blue Choice Senior					•		\$132.04	\$24.54	•			•			87	•
	Preferred Care Gold	Preferred Care Gold	•						\$16.43	-								
		Preferred Care GoldRx	•						\$52.00	\$35.60	•			•			97	•
	Preferred Care GoldAnywhere	Preferred Care GoldAnywhere		•					\$75.00	-								
	,	Preferred Care GoldAnywhereRx		•					\$110.00	\$35.39	•			•			97	•
	Today's Option	Today's Options Basic				•			\$23.95	-								
		Today's Options Premier				•			\$37.95	-								
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx							\$0.00	\$0.00							97	•
		UnitedHealthcare Medicare Complete Choice							\$0.00	_								
		UnitedHealthcareMedicareCompChoice Plus Rx							\$22.29	\$22.29							97	•
MADISON	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE	1	•	1	1	1		\$0.00	-	1	1		1	1	1	T	
		Medicare Blue PPO - THREE		•		1	1		\$24.00	\$22.78				•	1	1	87	•
		Medicare Blue PPO - TWO	1	•	1	1	1		\$24.00	\$22.78	•			•	1	1	87	•
	Today's Option	Today's Options Basic	1	<u> </u>	1	•	1		\$23.95	φ22.70 -		1		· ·	1	1	Ŭ.	· ·
	Today 5 Option	Today's Options Premier			1	÷	1	1	\$37.95	-	1	1			1	1	-	
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx							\$0.00	\$0.00							97	•
		UnitedHealthcare Medicare Complete Choice							\$0.00	-				-			<u> </u>	
		UnitedHealthcareMedicareCompChoice Plus Rx							\$22.29	\$22.29							97	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	•	Description									Cost	·				erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
MONROE	Excellus Health Plan, Inc.	Medicare Blue Choice Value	•			00.1.00			\$10.00	-	20.0	71000000	(\$200)	2.490	O.my	Brando	· omaary	0.10104
		Medicare Blue Choice Platinum	•					\vdash	\$25.00	-								
		Medicare Blue PPO - Plan 101		•				\vdash	\$60.00	-								
		Medicare Blue Choice Optimum	•						\$69.00	\$24.10	•			•			87	•
		Medicare Blue PPO - Plan 201		•					\$74.00	\$23.83		•		•			87	•
		Blue Choice Senior					•		\$132.04	\$24.54	•			•			87	•
	HealthNow New York Inc.	HealthNow Medicare Secure HMO 4.1	•						\$20.00	-								
		HealthNow Medicare Secure PPO 2.1		•					\$50.00	-								
		HealthNow Medicare Secure HMO 4.2	•						\$95.00	\$77.15			•				88	•
		HealthNow Medicare Secure PPO 2.2		•					\$125.00	\$77.15			•				88	•
	Preferred Care Gold	Preferred Care Gold	•						\$16.43	-								
		Preferred Care GoldRx	٠					لــــــا	\$52.00	\$35.60	•			•			97	•
	Preferred Care GoldAnywhere	Preferred Care GoldAnywhere		•				ш	\$75.00	-								
		Preferred Care GoldAnywhereRx		•				ш	\$110.00	\$35.39	•			•			97	•
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			•				\$0.00	\$0.00				•			97	•
		UnitedHealthcare Medicare Complete Choice							\$0.00	-								
		UnitedHealthcareMedicareCompChoice Plus Rx							\$22.29	\$22.29							97	•
	UnitedHealthcare of New York, Inc.	Evercare Plan H	•						\$25.09	\$25.09	•			•			97	•
	WellCare	WellCare Choice	•						\$0.00	\$0.00	•			•			85	•
		WellCare Prescription Plus	٠						\$0.00	\$0.00	•			•	•		85	•
		WellCare Dividend	٠						\$0.00	-								
		WellCare Select	٠						\$7.46	\$7.46			•	•			85	•
		WellCare Access	٠						\$25.83	\$25.83			•				85	•
MONTGOMERY	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE		•					\$40.00	-								
		Medicare Blue PPO - THREE		•				ш	\$64.00	\$17.54		•		•			87	•
		Medicare Blue PPO - TWO		•				ldot	\$64.00	\$17.54	•			•			87	•
	HealthNow New York Inc.	Senior Blue 400	٠					ldot	\$0.00	-								
		Senior Blue 401	•					╙	\$30.00	-								
		Traditional Blue Medicare PPO 201 Plus		•				igspace	\$65.00	-	 	ļ				ļ		
<u> </u>		Senior Blue 402	•	<u> </u>				├	\$95.00	\$77.95	<u> </u>	<u> </u>	•	•		<u> </u>	88	•
<u> </u>		Traditional Blue Medicare PPO 202 Plus		•				├	\$115.00	\$77.95	<u> </u>	<u> </u>	•	•		<u> </u>	88	•
		Senior Blue 406 Traditional Blue Medicare PPO 203	•					$\vdash \vdash$	\$125.00	\$107.15	•			•			88	•
		Enhanced		•				$\vdash \vdash$	\$145.00	\$107.15	•			•			88	•
	New York State Catholic HIth Plan Inc	Fidelis Medicare Advantage	•					$\vdash \vdash$	\$39.00	-								
		Fidelis M'c Advantage with Prescription Dr	•						\$72.53	\$33.53	•			•			95	•
	Today's Option	Today's Options Basic				•			\$23.95	-								
		Today's Options Premier				•		╙	\$37.95	-								
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			•				\$0.00	\$0.00				•			97	•
		UnitedHealthcare Medicare Complete Choice			•				\$0.00	-								
		UnitedHealthcareMedicareCompChoice Plus Rx							\$22.29	\$22.29							97	

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morado o	oritradio, plano approved ad	Description	uiu u	000 11	ot rono	011710	, L 01	gariiz	Lationio, on		Cost	o plant	5, 01 110	1		erage		Convenience
											1							CONVENIENCE
			Me		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
NASSAU	Empire BlueCross BlueShield	Senior Plan Direct PPO		•					\$54.00	-								
	Empire Divectors Divechield LIMO	Senior Plan Direct PPO Plus Senior Plan Direct Plus		•					\$83.00	\$29.00	•			•			95 05	•
	Empire BlueCross BlueShield HMO	GHI Medicare PPO I	•						\$31.00 \$0.00	\$29.00	•			•			95	•
	GHI Medicare Choice PPO	GHI Medicare PPO II		<u> </u>					\$20.00	\$20.00	•						87	
		GHI Medicare PPO III		•					\$30.00	\$30.00	•			•			87	•
	HIP Health Plan of Greater New York	Open Access A	•						\$0.00	\$0.00	•			•			88	•
		Standard A	•						\$0.00	\$0.00	•			•			88	•
		RX Carveout	•						\$19.00	-								
		Part B Only	•						\$48.87	\$48.87			•	•			88	•
		HIP PPO		•					\$54.71	\$40.70			•				88	•
	Liberty Health Advantage, Inc.	Preferred Choice	•						\$0.00	\$0.00	•			•	•		97	
		Dual Power - Nassau	•						\$29.83	\$29.83			•				97	
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			•				\$0.00	\$0.00	•			•			97	
		UnitedHealthcare Medicare Complete Choice			•				\$0.00	-								
		UnitedHealthcareMedicareCompChoice Plus Rx			•				\$22.29	\$22.29	•						97	
	UnitedHealthcare of New York, Inc.	Evercare Plan H	•						\$25.09	\$25.09	•			•			97	•
NEW YORK	Aetna Medicare	Aetna Golden Medicare Value Plan	٠						\$0.00	\$0.00			•	•			85	•
		Aetna Golden Medicare Standard Plan							£40.00	# 05.00							0.5	i
		w/Rx	•					-	\$40.00	\$35.83	•			 :			85	-
	Elderplan, Inc.	Aetna Golden Medicare Premier Plan Elderplan, INC	•					•	\$65.00 \$0.00	\$58.39 \$0.00	<u> </u>			\vdash :	•	•	97 97	
	Empire BlueCross BlueShield	Senior Plan Direct PPO Plus						·	\$45.00	\$29.00	-			- : -		•	95	· ·
	Empire BlueCross BlueShield HMO	Senior Plan Direct Plus	•						\$0.00	\$0.00	•			•			95	•
	GHI Medicare Choice PPO	GHI Medicare PPO Prime		•					\$0.00	-								
		GHI Medicare PPO Plus		•					\$0.00	\$0.00	•			•			87	•
		GHI Medicare PPO Premier		•					\$0.00	\$0.00	•			•	•		87	•
		GHI Medicare PPO Value		•					\$22.46	\$22.46			•				87	•
	Healthfirst Medicare Plan	Coordinated Benefits Plan	•						\$0.00	-								
		Healthfirst 65 Plus Plan	•						\$0.00	\$0.00	•			•			77	•
		Healthfirst Increased Benefits Plan	•						\$29.83	\$29.83			•				77	•
		Healthfirst Life Improvement Plan	•					-	\$29.83 \$29.83	\$29.83 \$29.83			•				86 86	•
	Healthfirst PPO	Healthfirst Maximum Plan Healthfirst PPO Complete Plan	•						\$29.83 \$103.41	\$29.83			•				77	•
		Open Access A	•	•					\$0.00	\$0.00	-			- :			88	-:-
	The regular real of elegater New York	Standard A	•						\$0.00	\$0.00	•			•			88	•
		RX Carveout	•						\$0.00	-								
		Part B Only	•						\$48.87	\$48.87			•	•			88	•
	Hip Insurance Company Of New York	HIP PPO		•					\$54.70	\$40.70			•				88	•
	Liberty Health Advantage, Inc.	Preferred Choice	•						\$0.00	\$0.00	•			•	•		97	
		Dual Power - NYC	•			<u> </u>			\$29.83	\$29.83			•	ļ			97	\Box
	Neighborhood Health Providers	Neighborhood Medicare Plus	•			ļ			\$0.00	-	1							
-		Neighborhood Medicare Supreme	•	-		 	<u> </u>	 	\$27.21	\$27.21	1		•	 	 	 	93	•
	Ovford Madicara Advantage	Neighborhood Medicare Plus Rx Oxford Medicare Advantage Balance	•			 	-	l	\$29.83 \$0.00	\$29.83 \$0.00			•	-	-	-	94 97	•
-	Oxford Medicare Advantage	Oxford Medicare Advantage Balance Oxford Medicare Advantage Mosaic	•			1	-	-	\$0.00	\$0.00	•			•			97	
		Oxford Medicare Advantage Mosaic Oxford Medicare Advantage Signature	•			1	 	1	\$0.00	\$0.00	•	1		<u> </u>	1		97	
		Oxford Medicare Advantage Signature Oxford Medicare Advantage Essential	•			 	 	1	\$0.00	\$0.00 -				 	 			
		Oxford Medicare Advantage Essential Oxford Medicare Advantage Select	•			1		1	\$24.90	\$24.90	•			•			97	•
	United Healthcare Insurance Co. of New York, Inc.	UnitedHealthcare Medicare Comp Choice Rx							\$23.00	\$0.00							97	
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Comp Choice		•	_						<u> </u>						97	
	Choice	UnitedHealthcare Medicare Complete			•				\$0.00	\$0.00	•			•			97	
		Choice UnitedHealthcareMedicareCompChoice			•				\$0.00	-								
<u></u>		Plus Rx			•	<u> </u>			\$22.29	\$22.29	•		l	•	l		97	

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		Description									Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
		UnitedHealthcare Medicare Comp Plan						1 1										
NEW YORK	UnitedHealthcare of New York, Inc.	1Rx	•						\$0.00	\$0.00	•			•			97	•
		UnitedHealthcare Medicare Comp Plan 3						1 1										
		Rx	•						\$0.00	\$0.00	•			•			97	•
		Evercare Plan H	•						\$25.09	\$25.09	•			•			97	•
	WellCare	WellCare Choice	•						\$0.00	\$0.00	•			•	•		85	•
		WellCare Evergreen	•						\$0.00	\$0.00	•			•	•		85	•
		WellCare Dividend	٠						\$0.00	-								
		WellCare Passport	•						\$0.00	\$0.00	•			•			85	•
		WellCare Select	•						\$7.46	\$7.46			•	•			85	•
		WellCare Access	•						\$25.86	\$25.86			•				85	•
		WellCare Liberty	•						\$25.86	\$25.86			•				85	•
NIAGARA	Excellus Health Plan, Inc.	SeniorChoice Value	•						\$0.00	-								
		SeniorChoice Select	•						\$15.00	-								
		Univera Medicare PPO 103		•					\$30.00	-								
		Univera Medicare PPO 102		•					\$44.00	\$21.85		•		•			87	•
		SeniorChoice Secure	٠						\$45.00	\$22.88	•			•			87	•
	HealthNow New York Inc.	Senior Blue 401	٠						\$0.00	-								
		Traditional Blue Medicare PPO 201 Plus		•					\$35.00	-								
		Senior Blue 402	•						\$95.00	\$57.29			•	•			88	•
		Traditional Blue Medicare PPO 202 Plus		•					\$110.00	\$57.29			•	•			88	•
		Senior Blue 406	•						\$125.00	\$87.55	•			•			88	•
		Traditional Blue Medicare PPO 203 Enhanced							\$140.00	\$87.55							88	•
	Independent Health	Encompass 65 Basic	•						\$0.00	-								
		Encompass 65 Basic with Rx	•	Ì					\$0.00	\$0.00			•	İ			88	
		Encompass 65	•						\$16.00	-								
		Encompass 65 with Rx	•						\$48.00	\$32.08			•				88	
		Encompass 65 Extra	•						\$55.00	\$46.93	•			•			90	
		Medicare Passport Plan PPO		•					\$60.00	\$32.08			•				88	
		Medicare Passport Plan PPO Premier		•					\$118.00	\$51.78	•			•			90	
	Today's Option	Today's Options Basic				•			\$23.95	-								
		Today's Options Premier				•			\$37.95	-								
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx							\$0.00	\$0.00	•						97	•
		UnitedHealthcare Medicare Complete Choice							\$0.00	_								
		UnitedHealthcareMedicareCompChoice		1	İ									İ		İ		
		Plus Rx							\$22.29	\$22.29							97	•
í	UnitedHealthcare of New York, Inc.	Evercare Plan H	•		1				\$25.09	\$25.09	•			•		1	97	•
	1	Evercare Plan DH	•		İ				\$29.32	\$29.32	•	İ	İ	•		İ	97	•

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		Description									Cost	•				erage		Convenience
															Type of	Additional		
			Me		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Offered in verage Gap		
County	Organization Name	Plan Name	нмо	PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
ONEIDA	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE		•					\$0.00									
		Medicare Blue PPO - THREE Medicare Blue PPO - TWO		•					\$24.00 \$24.00	\$22.78 \$22.78		•		•			87 87	•
		Medicare Blue PPO - TWO		•			1		\$24.00	\$22.70	•			•	1		07	•
	New York State Catholic HIth Plan Inc	Fidelis Medicaid Advantage	•						\$34.01	\$34.01			•				95	•
		Fidelis Medicare Advantage	•						\$39.00	-								<u> </u>
	Today's Option	Fidelis M'c Advantage with Prescription Dr Today's Options Basic	•						\$72.53 \$23.95	\$33.53	•			•			95	•
 	. Saay & Option	Today's Options Premier			 	•	<u> </u>		\$37.95	-	 	 		t	 			
	United Healthcare Insurance Co. of	UnitedHealthcare Medicare Comp Choice														İ		
	New York, Inc.	Rx		•					\$29.00	\$9.00	•			•			97	•
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			•				\$0.00	\$0.00							97	•
		UnitedHealthcare Medicare Complete Choice			•				\$0.00	-								
		UnitedHealthcareMedicareCompChoice Plus Rx							\$22.29	\$22.29							97	
	UnitedHealthcare of New York, Inc.	UnitedHealthcare Medicare Complete	•		•				\$0.00	φ22.29 -	-			•			91	
		UnitedHealthcare Medicare Complete Rx	•						\$0.00	\$0.00	•			•			97	•
		Evercare Plan H	•						\$25.09	\$25.09	•			•			97	•
ONONDAGA	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE		•					\$20.00	-								
		Medicare Blue PPO - THREE		•					\$44.00	\$21.13		•		•			87	•
	To do do Ontino	Medicare Blue PPO - TWO		٠					\$44.00	\$21.13	•			•			87	•
	Today's Option	Today's Options Basic Today's Options Premier				•			\$23.95 \$37.95	-								
	Touchstone Health Partnership	Medicare Dedicated				•			\$0.00	-								<u> </u>
	Todonotono ricalari i aranotonip	Medicare Value	•						\$25.00	\$0.00	•				•		96	•
		Medicare Freedom	•						\$36.00	\$0.00	•			•	•		96	•
	United Healthcare Insurance Co. of New York, Inc.	UnitedHealthcare Medicare Comp Choice Rx							\$29.00	\$9.00							97	•
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Comp Choice							_									
	Choice	Rx UnitedHealthcare Medicare Complete			•				\$0.00	\$0.00	•			•			97	· · · ·
		Choice							\$0.00	-								i
		UnitedHealthcareMedicareCompChoice Plus Rx							\$22.29	\$22.29							97	
	UnitedHealthcare of New York, Inc.	UnitedHealthcare Medicare Complete	•						\$0.00	-								
		UnitedHealthcare Medicare Complete Rx	٠						\$0.00	\$0.00	•			•			97	•
		Evercare Plan H	•						\$25.09	\$25.09	•			•			97	•
ONTARIO	Excellus Health Plan, Inc.	Medicare Blue Choice Value	•			<u> </u>		<u> </u>	\$10.00	-					<u> </u>			
 		Medicare Blue Choice Platinum Medicare Blue PPO - Plan 101	•		 	 	1	 	\$25.00 \$60.00	-	-	 	 	 	 	 		
		Medicare Blue Choice Optimum	•	<u> </u>		 	<u> </u>	 	\$69.00	\$24.10	•	1			 		87	
		Medicare Blue PPO - Plan 201		•		<u> </u>	<u> </u>		\$74.00	\$23.83		•		•			87	•
		Blue Choice Senior					•		\$132.04	\$24.54	•			•			87	•
	Preferred Care Gold	Preferred Care Gold	•						\$16.43	-								
		Preferred Care GoldRx	•			ļ			\$52.00	\$35.60	•			•			97	· · ·
	Preferred Care GoldAnywhere	Preferred Care GoldAnywhere Preferred Care GoldAnywhereRx		•					\$75.00 \$110.00	\$35.39	•			•			97	•
	Today's Option	Today's Options Basic				•			\$23.95	-								
		Today's Options Premier				•			\$37.95	-				<u> </u>				
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			•				\$0.00	\$0.00				•			97	•
		UnitedHealthcare Medicare Complete Choice			•				\$0.00	_								
		UnitedHealthcareMedicareCompChoice Plus Rx							\$22.29	\$22.29							97	

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	· · · · · · · · · · · · · · · · · · ·	Description									Cost	•			Cove	rage		Convenience
			Me		ype of Advantage	Plan					D	rug Deduct	tible			Additional Offered in erage Gap		
					Regional			Demo	Beneficiary Total Premium* (Including Drug	Beneficiary Drug	_		Standard	Includes Tiered Copay- ments for	Generics	Generics and	Number of Top 100 Drugs on	Mail Order
County	Organization Name GHI Medicare Choice PPO	Plan Name GHI Medicare PPO I	НМО	PPO	PPO	Service	Plan	Plan	Premium)	Premium*	Zero	Reduced	(\$250)	Drugs	Only	Brands	Formulary	Offered
ORANGE	GHI Medicare Choice PPO	GHI Medicare PPO II		•					\$0.00 \$20.00	\$20.00							87	
		GHI Medicare PPO III		:			-		\$30.00	\$20.00	-			•			87	-
	Oxford Medicare Advantage	Oxford Medicare Advantage Balance	•	·					\$0.00	\$0.00	•			•	•		97	•
	Oxford Medicare Advantage	Oxford Medicare Advantage Signature	•						\$0.00	\$0.00	-			•			97	•
		Oxford Medicare Advantage Essential	•						\$0.00	-								
	Touchstone Health Partnership	Medicare Dedicated	•						\$0.00	-								
		Medicare Value	•						\$35.00	\$0.00	•			•	•		96	•
		Medicare Freedom	•						\$53.00	\$0.00	•			•	•		96	•
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Comp Choice																
	Choice	Rx			•				\$0.00	\$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Choice			•				\$0.00	-								
		UnitedHealthcareMedicareCompChoice Plus Rx							\$22.29	\$22.29							97	
-	UnitedHealthcare of New York, Inc.	Evercare Plan H	•	-	•		-		\$25.09	\$25.09	•			•			97	-
	WellCare	WellCare Choice	•						\$0.00	\$0.00	•			•			85	•
	VVCIIGATO	WellCare Advance	•						\$0.00	Ψ0.00 -				•			00	
		WellCare Prescription Plus	•						\$0.00	\$0.00	•						85	•
		WellCare Select	•						\$7.46	\$7.46	•		•	•	_		85	•
		WellCare Access	•						\$25.84	\$25.84			•				85	•
ORLEANS	Excellus Health Plan, Inc.	SeniorChoice Value	•						\$0.00	-								
		SeniorChoice Select	•						\$15.00	-								
		Univera Medicare PPO 103		•					\$30.00	-								
		Univera Medicare PPO 102		•					\$44.00	\$21.85		•		•			87	•
		SeniorChoice Secure	•						\$45.00	\$22.88	•			•			87	•
	HealthNow New York Inc.	Senior Blue 401	٠						\$0.00	-								
		Traditional Blue Medicare PPO 201 Plus		٠					\$35.00	-								
		Senior Blue 402	•						\$95.00	\$57.29			•	•			88	•
		Traditional Blue Medicare PPO 202 Plus		•					\$110.00	\$57.29			•	•			88	•
		Senior Blue 406	•						\$125.00	\$87.55	•			•			88	•
		Traditional Blue Medicare PPO 203																
		Enhanced		•					\$140.00	\$87.55	•			•			88	•
-	Independent Health	Encompass 65 Basic	•	 					\$0.00 \$0.00	\$0.00			•	-			88	
-		Encompass 65 Basic with Rx Encompass 65	÷	-					\$16.00	\$0.00 -			-	-			00	
		Encompass 65 with Rx	÷	l					\$48.00	\$32.08			•				88	
 		Encompass 65 Extra	÷	 					\$55.00	\$46.93			l -				90	
		Medicare Passport Plan PPO		•					\$60.00	\$32.08			•	<u> </u>			88	
		Medicare Passport Plan PPO Premier		•					\$118.00	\$51.78	•		1	•			90	
	Preferred Care Gold	Preferred Care Gold	•	1					\$16.43	-								
		Preferred Care GoldRx	•						\$52.00	\$35.60	•		i	•	i		97	•
	Preferred Care GoldAnywhere	Preferred Care GoldAnywhere		•					\$75.00	-								
		Preferred Care GoldAnywhereRx		•					\$110.00	\$35.39	•			•			97	•
	Today's Option	Today's Options Basic				•			\$23.95	-								
		Today's Options Premier				•			\$37.95	-								
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			•				\$0.00	\$0.00				•			97	
		UnitedHealthcare Medicare Complete Choice			•				\$0.00	-							_	
		UnitedHealthcareMedicareCompChoice																
	UnitedHealthcare of New York, Inc.	Plus Rx Evercare Plan H	•		•				\$22.29 \$25.09	\$22.29 \$25.09	•	-		•			97 97	•

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

morado o	omacio, piano approvoa ao	Description	uiu u	000 11	0110110			gain			Cost	o pian	3, 0, 110	1		erage		Convenience
																Additional		CONTONION
			M		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Offered in erage Gap		
County	Organization Name	Plan Name	нмо	PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
OSWEGO	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE		•					\$20.00	-								
		Medicare Blue PPO - THREE Medicare Blue PPO - TWO		•					\$44.00 \$44.00	\$21.13		•		•			87 87	•
-	Today's Option	Today's Options Basic		•					\$23.95	\$21.13 -	•		-	•			07	•
	Today's Option	Today's Options Premier				•			\$37.95	-								
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Comp Choice							ψοι.σσ									
	Choice	Rx			•				\$0.00	\$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Choice							\$0.00	_								
		UnitedHealthcareMedicareCompChoice Plus Rx							\$22.29	\$22.29							97	
	UnitedHealthcare of New York, Inc.	Evercare Plan H	•			1			\$25.09	\$25.09	•			•			97	•
OTSEGO	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE		•					\$40.00	-								
		Medicare Blue PPO - THREE		•					\$64.00	\$17.54		•		•			87	•
		Medicare Blue PPO - TWO		•					\$64.00	\$17.54	•			•			87	•
<u> </u>	Today's Option	Today's Options Basic			ļ	•		<u> </u>	\$23.95	-	<u> </u>			 	 			
	UnitedHealthcare Medicare Complete	Today's Options Premier UnitedHealthcare Medicare Comp Choice				•			\$37.95	-								
	Choice Choice	Rx			•				\$0.00	\$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Choice			•				\$0.00	-								
		UnitedHealthcareMedicareCompChoice Plus Rx			•				\$22.29	\$22.29				•			97	•
PUTNAM	GHI Medicare Choice PPO	GHI Medicare PPO I		•					\$0.00	-								
		GHI Medicare PPO II		•					\$20.00	\$20.00	•			•			87	•
		GHI Medicare PPO III		•					\$30.00	\$30.00	•			•	•		87	•
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			•				\$0.00	\$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Choice			•				\$0.00	-								
		UnitedHealthcareMedicareCompChoice Plus Rx							\$22.29	\$22.29				•			97	
	UnitedHealthcare of New York, Inc.	Evercare Plan H	•						\$25.09	\$25.09	•			•			97	•
QUEENS	Aetna Medicare	Aetna Golden Medicare Value Plan	•						\$0.00	\$0.00			•	•			85	•
		Aetna Golden Medicare Standard Plan w/Rx							\$40.00	\$35.83				•			85	
		Aetna Golden Medicare Premier Plan	•						\$65.00	\$58.39	•			•	•		97	•
	AmeriChoice Personal Care Plus	AmeriChoice Personal Care Plus	•						\$22.49	\$22.49			•				80	
-	Elderplan, Inc. Empire BlueCross BlueShield	Elderplan, INC Senior Plan Direct PPO Plus		•		1		· ·	\$0.00 \$45.00	\$0.00 \$29.00	•			•		•	97 95	•
<u> </u>	Empire BlueCross BlueShield HMO	Senior Plan Direct PPO Plus Senior Plan Direct Plus		<u> </u>	 	1			\$45.00	\$0.00		1		•	 		95	•
	GHI Medicare Choice PPO	GHI Medicare PPO Prime	Ť	•				1	\$0.00	φυ.συ	†	1		<u> </u>			- 55	
		GHI Medicare PPO Plus		•		1			\$0.00	\$0.00	•			•			87	•
		GHI Medicare PPO Premier		•					\$0.00	\$0.00	•			•	•		87	•
		GHI Medicare PPO Value		•					\$22.46	\$22.46			•				87	•
<u> </u>	Health Net Of NY	Health Net SmartChoice for New York	•						\$0.00	\$0.00	•			•			97	•
<u> </u>	+	Health Net SmartChoice for NY	•			1		-	\$0.00 \$17.02	- \$17.02	 	!		ļ			07	
<u> </u>	+	Health Net SmartChoice for NY Health Net SmartChoice POS for NY	•	-	-	1		1	\$17.02 \$30.00	\$17.02 \$17.61		1	•		 	 	97 97	•
	Healthfirst Medicare Plan	Coordinated Benefits Plan	·			1	-		\$0.00	\$17.01	<u> </u>						91	•
		Healthfirst 65 Plus Plan	•			<u> </u>	 	l	\$0.00	\$0.00	•	1		•			77	•
		Healthfirst Increased Benefits Plan	•						\$29.83	\$29.83	<u> </u>		•				77	•
		Healthfirst Life Improvement Plan	•						\$29.83	\$29.83			•				86	•
		Healthfirst Maximum Plan	•						\$29.83	\$29.83			•				86	•
	Healthfirst PPO	Healthfirst PPO Complete Plan		•					\$103.41	\$30.79	•			•			77	•
<u> </u>	HIP Health Plan of Greater New York	Open Access A	•						\$0.00	\$0.00	•			•			88	•
<u> </u>	+	Standard A	•			1		-	\$0.00 \$0.00	\$0.00	•	!		•	-		88	•
<u> </u>	+	RX Carveout Part B Only	•			<u> </u>	 	-	\$0.00	\$48.87	1	-			ļ		88	
1	Hip Insurance Company Of New York		<u> </u>					l	\$54.70	\$40.70	 		- :-	•			88	- :
	poutanoc company of New York	l			l	1			Ψ07.70	ψ-το.7 σ	1	l	1	1	l	l		•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cove	erage		Convenience
			Me		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо		Regional PPO	Private		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
QUEENS	Liberty Health Advantage, Inc.	Preferred Choice	•						\$0.00	\$0.00	•			•	•		97	
		Dual Power - NYC	•						\$29.83	\$29.83			•				97	
	Neighborhood Health Providers	Neighborhood Medicare Plus	•						\$0.00	-								
		Neighborhood Medicare Supreme	•						\$27.21	\$27.21			•				93	•
	Oxford Medicare Advantage	Neighborhood Medicare Plus Rx Oxford Medicare Advantage Balance	•			1	<u> </u>		\$29.83 \$0.00	\$29.83 \$0.00			•				94 97	•
	Oxford Medicare Advantage	Oxford Medicare Advantage Balance Oxford Medicare Advantage Mosaic	-				 		\$0.00	\$0.00	·	-		<u> </u>			97	•
		Oxford Medicare Advantage Mosaic Oxford Medicare Advantage Signature	÷	-		1	1		\$0.00	\$0.00	<u> </u>			<u> </u>			97	- :
		Oxford Medicare Advantage Signature Oxford Medicare Advantage Essential	•						\$0.00	Ψ0.00	<u> </u>			-			31	
		Oxford Medicare Advantage Select	•			1	1		\$24.90	\$24.90	•			•			97	•
	Touchstone Health Partnership	Medicare Value	•	l		1			\$0.00	\$0.00	•	t		•	•		96	•
		Medicare Dedicated	•	1		t			\$0.00	-								
		Medicare Enhanced	•			1			\$0.00	-								
		Medicare Total Advantage	•						\$31.00	\$30.90	•			•	•		96	•
		Medicare Freedom	•						\$50.00	\$0.00	•			•	•		96	•
	United Healthcare Insurance Co. of New York, Inc.	UnitedHealthcare Medicare Comp Choice Rx							\$23.00	\$0.00							97	•
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Comp Choice																
	Choice	Rx			•				\$0.00	\$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete							***									
		Choice			•				\$0.00	-								
		UnitedHealthcareMedicareCompChoice Plus Rx			•				\$22.29	\$22.29				•			97	•
	UnitedHealthcare of New York, Inc.	UnitedHealthcare Medicare Comp Plan 1Rx	•						\$0.00	\$0.00							97	•
		UnitedHealthcare Medicare Comp Plan 3 Rx							\$0.00	\$0.00							97	
		Evercare Plan H	•						\$25.09	\$25.09	•			•			97	•
	WellCare	WellCare Choice	•						\$0.00	\$0.00	•			•	•		85	•
		WellCare Evergreen	•						\$0.00	\$0.00	•			•	•		85	•
		WellCare Dividend	•						\$0.00	-								
		WellCare Passport	•						\$0.00	\$0.00	•			•			85	•
		WellCare Select	•						\$7.46	\$7.46			•	•			85	•
		WellCare Access	•						\$25.86	\$25.86			•				85	•
RENSSELAER	CDPHP Medicare Choice	CDPHP Medicare Choice	•						\$40.00	-								
		CDPHP Medicare Choice with Part D	•						\$75.55	\$32.94	•			•			95	•
	HealthNow New York Inc.	Senior Blue 400	•				<u> </u>		\$0.00	-								
	+	Senior Blue 401	•	<u> </u>		1	-		\$30.00	-	 	1		 				
 	+	Traditional Blue Medicare PPO 201 Plus Senior Blue 402		•		 	 	-	\$65.00 \$95.00	\$77.95	-	 	•				88	
	+	Traditional Blue Medicare PPO 202 Plus	•			1	1		\$115.00	\$77.95	1	1	•	:			88	•
		Senior Blue 406	•	<u> </u>			 		\$125.00	\$107.15	•	1	<u> </u>	•			88	•
		Traditional Blue Medicare PPO 203 Enhanced							\$145.00	\$107.15							88	
 	Today's Option	Today's Options Basic		<u> </u>		•	 	-	\$145.00 \$23.95	\$107.15	•	 		-			68	•
	Today & Option	Today's Options Basic Today's Options Premier		1			1		\$23.95		1	1		-				
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Comp Choice															07	
	Choice	UnitedHealthcare Medicare Complete			•				\$0.00	\$0.00	· ·			•			97	•
		Choice UnitedHealthcareMedicareCompChoice			•				\$0.00	-	-							
		Plus Rx		<u> </u>	•	<u> </u>			\$22.29	\$22.29		<u></u>		•	<u></u>		97	•
	UnitedHealthcare of New York, Inc.	UnitedHealthcare Medicare Complete	٠						\$0.00	-								
		UnitedHealthcare Medicare Complete Rx	•						\$0.00	\$0.00	•			•			97	•
		Evercare Plan H	•						\$25.09	\$25.09	•			•			97	•
		Evercare Plan DH	•						\$29.32	\$29.32	•			•			97	•
1	WellCare	WellCare Advance	•			ļ	<u> </u>		\$0.00	-								
		WellCare Choice	•						\$0.00	\$0.00	•			•	•		85	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			Ме		ype of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
RICHMOND	Aetna Medicare	Aetna Golden Medicare Value Plan	•						\$0.00	\$0.00			•	•			85	•
		Aetna Golden Medicare Standard Plan																
		w/Rx	•						\$40.00	\$35.83	•			•			85	•
		Aetna Golden Medicare Premier Plan	•						\$65.00	\$58.39	•			•	•		97	•
	Elderplan, Inc.	Elderplan, INC						•	\$0.00	\$0.00	•			•		•	97	•
	Empire BlueCross BlueShield	Senior Plan Direct PPO Plus		•					\$45.00	\$29.00	•			•			95	•
	Empire BlueCross BlueShield HMO	Senior Plan Direct Plus	•						\$0.00	\$0.00	•			•			95	
	GHI Medicare Choice PPO	GHI Medicare PPO Prime		•					\$0.00	-								
		GHI Medicare PPO Plus		•					\$0.00	\$0.00	•			•			87	
		GHI Medicare PPO Premier		•					\$0.00	\$0.00	•			•	•		87	•
		GHI Medicare PPO Value		•					\$22.46	\$22.46							87	•
	Health Net Of NY	Health Net SmartChoice for New York							\$0.00	\$0.00	•			•			97	
		Health Net SmartChoice for NY	•						\$0.00	-							Ü.	
		Health Net SmartChoice for NY	•						\$17.02	\$17.02							97	•
		Health Net SmartChoice POS for NY	•						\$30.00	\$17.61				•			97	•
	HIP Health Plan of Greater New York	Open Access A	•						\$0.00	\$0.00				•			88	•
	The Trouble Flam of Groater from Form	Standard A	•						\$0.00	\$0.00	•			•			88	
		RX Carveout	•						\$0.00	-							- 00	
		Part B Only	•						\$48.87	\$48.87							88	
	Hip Insurance Company Of New York	HIP PPO		•					\$54.70	\$40.70			•				88	•
	Liberty Health Advantage, Inc.	Preferred Choice	•						\$0.00	\$0.00	•			•	•		97	-
	Elborty Froditi Flavariago, inc.	Dual Power - NYC	•						\$29.83	\$29.83							97	
	Oxford Medicare Advantage	Oxford Medicare Advantage Balance	•						\$0.00	\$0.00				•			97	
	Oxiora modicaro maramago	Oxford Medicare Advantage Mosaic	•						\$0.00	\$0.00	•			•			97	•
		Oxford Medicare Advantage Signature	•						\$0.00	\$0.00							97	
		Oxford Medicare Advantage Essential	•						\$0.00	-							<u> </u>	-
		Oxford Medicare Advantage Select	•						\$24.90	\$24.90	•			•			97	
	Touchstone Health Partnership	Medicare Value	•						\$0.00	\$0.00	•			•	•		96	•
		Medicare Dedicated	•						\$0.00	-								
		Medicare Enhanced	•						\$0.00	-								
		Medicare Total Advantage	•						\$31.00	\$30.90	•			•	•		96	•
		Medicare Freedom	•						\$50.00	\$0.00	•			•	•		96	•
	United Healthcare Insurance Co. of	UnitedHealthcare Medicare Comp Choice							******	*****								
	New York, Inc.	Rx		•					\$23.00	\$0.00				•			97	
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Comp Choice								*****							Ţ.	
	Choice	Rx							\$0.00	\$0.00				•			97	
		UnitedHealthcare Medicare Complete							*****	*****							Ţ.	
		Choice							\$0.00	-				1			l	
		UnitedHealthcareMedicareCompChoice							7									
1		Plus Rx							\$22.29	\$22.29				•			97	
		UnitedHealthcare Medicare Comp Plan							*	·				1				t
1	UnitedHealthcare of New York, Inc.	1Rx							\$0.00	\$0.00							97	
		Evercare Plan H	•	1					\$25.09	\$25.09	•						97	

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
ROCKLAND	Aetna Medicare	Aetna Golden Medicare Standard Plan	•						\$50.00	-								
		Aetna Golden Medicare Standard Plan w/Rx	•						\$75.00	\$31.78			•	•			85	•
		Aetna Golden Choice Standard Plar		•				igspace	\$90.00	\$31.78			•	•			85	•
	5 5 6 6 6 6 6	Aetna Golden Choice Premier Plan		•				igspace	\$110.00	\$58.39	•			•	•		97	•
	Empire BlueCross BlueShield	Senior Plan Direct PPO Senior Plan Direct PPO Plus		•			ļ	\vdash	\$43.00	-	-						05	
	Empire BlueCross BlueShield HMO	Senior Plan Direct PPO Plus Senior Plan Direct Plus		•			ļ	\vdash	\$72.00	\$29.00				•			95 95	•
	GHI Medicare Choice PPO	GHI Medicare PPO I	•				<u> </u>	$\vdash \vdash$	\$19.00 \$0.00	\$19.00	<u> </u>			•			95	•
	GHI Medicare Choice PPO	GHI Medicare PPO II		•			1	$\vdash \vdash$	\$20.00	\$20.00							87	
		GHI Medicare PPO III		-			1	$\vdash \vdash$	\$30.00	\$30.00	- :			•			87	- :
		GHI Medicare PPO Value	-	•	1		 	\vdash	\$55.21	\$22.46	<u></u>	 		•		1	87	•
	Oxford Medicare Advantage	Oxford Medicare Advantage Balance	•	Ť				\vdash	\$0.00	\$0.00	•			•			97	· ·
	Chlord Medicare / dvarilage	Oxford Medicare Advantage Signature	•	1				\vdash	\$0.00	\$0.00	•			•			97	•
		Oxford Medicare Advantage Essential	•		1		-	\vdash	\$0.00	-		1				1	Ü.	
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx							\$0.00	\$0.00							97	
		UnitedHealthcare Medicare Complete Choice							\$0.00	_								
		UnitedHealthcareMedicareCompChoice Plus Rx							\$22.29	\$22.29							97	
	UnitedHealthcare of New York, Inc.	Evercare Plan H	•				-	\vdash	\$25.09	\$25.09	•	1		•		1	97	•
	WellCare	WellCare Advance	•		1		-	\vdash	\$0.00	-		1				1	Ü.	
		WellCare Choice	•					\Box	\$0.00	\$0.00	•	ì		•			85	
		WellCare Prescription Plus	•						\$0.00	\$0.00	•			•	•		85	•
		WellCare Select	•						\$7.46	\$7.46			•	•			85	•
		WellCare Access	•						\$25.85	\$25.85		Ĭ	•				85	•
SARATOGA	CDPHP Medicare Choice	CDPHP Medicare Choice	•						\$40.00	-		Ĭ						
		CDPHP Medicare Choice with Part D	•						\$75.55	\$32.94	•			•			95	•
	HealthNow New York Inc.	Senior Blue 400	•						\$0.00	-								
		Senior Blue 401	•					$ldsymbol{\sqcup}$	\$30.00	-								
		Traditional Blue Medicare PPO 201 Plus		•	ļ		<u> </u>		\$65.00	-		ļ				ļ		
		Senior Blue 402	•		ļ		<u> </u>	igspace	\$95.00	\$77.95		ļ	•	•		ļ	88	•
		Traditional Blue Medicare PPO 202 Plus		•	<u> </u>	<u> </u>	<u> </u>	─ ─	\$115.00	\$77.95	<u> </u>	ļ	•	•		<u> </u>	88	•
		Senior Blue 406	•	-		-	<u> </u>	\vdash	\$125.00	\$107.15	•			•			88	•
	To do de Option	Traditional Blue Medicare PPO 203 Enhanced							\$145.00	\$107.15	•			•			88	•
-	Today's Option	Today's Options Basic		1	1	•	1	\vdash	\$23.95 \$37.95	-	 	1				1	1	
	UnitedHealthcare Medicare Complete	Today's Options Premier UnitedHealthcare Medicare Comp Choice				•				-							07	
	Choice	Rx		ļ	•	 	!	igspace	\$0.00	\$0.00	•	ļ		•		ļ	97	•
		UnitedHealthcare Medicare Complete Choice							\$0.00	-								
		UnitedHealthcareMedicareCompChoice Plus Rx							\$22.29	\$22.29							97	
	UnitedHealthcare of New York, Inc.	Evercare Plan H	•						\$25.09	\$25.09	•			•			97	•
		Evercare Plan DH	•						\$29.32	\$29.32	•			•			97	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								Cost	•				erage		Convenience
			М		ype of Advantage	Plan				D	rug Deduci	ible		r Generics ar			
County	Organization Name	Pian Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs		Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
SCHENECTADY	CDPHP Medicare Choice	CDPHP Medicare Choice	•				ldot	\$40.00	-								
		CDPHP Medicare Choice with Part D	•				ldot	\$75.55	\$32.94	•			•			95	•
	HealthNow New York Inc.	Senior Blue 400	•				ш	\$0.00	-								
		Senior Blue 401	•				ш	\$30.00	-								
		Traditional Blue Medicare PPO 201 Plus		•			ш	\$65.00	-								
		Senior Blue 402	•				igspace	\$95.00	\$77.95			•	•			88	•
		Traditional Blue Medicare PPO 202 Plus		•			igspace	\$115.00	\$77.95			•	•			88	•
		Senior Blue 406	•				igspace	\$125.00	\$107.15	•			•			88	•
		Traditional Blue Medicare PPO 203 Enhanced						\$145.00	\$107.15				•			88	•
	New York State Catholic HIth Plan Inc	Fidelis Medicare Advantage						\$39.00	-								
		Fidelis M'c Advantage with Prescription Dr	•					\$72.53	\$33.53				•			95	•
	Today's Option	Today's Options Basic				•		\$23.95	-								
		Today's Options Premier				•		\$37.95	-								
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx						\$0.00	\$0.00							97	•
		UnitedHealthcare Medicare Complete Choice						\$0.00	-								
		UnitedHealthcareMedicareCompChoice Plus Rx						\$22.29	\$22.29				•			97	•
	UnitedHealthcare of New York, Inc.	UnitedHealthcare Medicare Complete	•					\$0.00	-								
		UnitedHealthcare Medicare Complete Rx	•					\$0.00	\$0.00	•			•			97	•
		Evercare Plan H	•					\$25.09	\$25.09	•			•			97	•
		Evercare Plan DH	•				ш	\$29.32	\$29.32	•			•			97	•
SCHOHARIE	Today's Option	Today's Options Basic				•	ш	\$23.95	-								
		Today's Options Premier				•	ш	\$37.95	-								
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			•			\$0.00	\$0.00							97	•
		UnitedHealthcare Medicare Complete Choice						\$0.00	-								
		UnitedHealthcareMedicareCompChoice Plus Rx						\$22.29	\$22.29				•			97	•
SCHUYLER	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE		•				\$0.00	-								
		Medicare Blue PPO - THREE		•				\$24.00	\$23.31		•		•			87	•
		Medicare Blue PPO - TWO		•				\$24.00	\$23.31	•			•			87	•
	Today's Option	Today's Options Basic				•		\$23.95	-								
		Today's Options Premier				•		\$37.95	-								
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx						\$0.00	\$0.00				•			97	•
		UnitedHealthcare Medicare Complete Choice						\$0.00	-								
		UnitedHealthcareMedicareCompChoice Plus Rx						\$22.29	\$22.29							97	

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
SENECA	Excellus Health Plan, Inc.	Medicare Blue Choice Value	•						\$10.00	-								
		Medicare Blue Choice Platinum	•						\$25.00	-								
		Medicare Blue PPO - Plan 101		•					\$60.00	-								
		Medicare Blue Choice Optimum	•						\$69.00	\$24.10	•			•			87	•
		Medicare Blue PPO - Plan 201		•					\$74.00	\$23.83		•		•			87	•
		Blue Choice Senior					•		\$132.04	\$24.54	•			•			87	•
	Preferred Care Gold	Preferred Care Gold	•						\$16.43	-								
		Preferred Care GoldRx	•						\$52.00	\$35.60	•			•			97	•
	Preferred Care GoldAnywhere	Preferred Care GoldAnywhere		•					\$75.00	-								
		Preferred Care GoldAnywhereRx		•					\$110.00	\$35.39	•			•			97	•
	Today's Option	Today's Options Basic				•			\$23.95	-								
		Today's Options Premier				•			\$37.95	-								
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx							\$0.00	\$0.00				•			97	•
		UnitedHealthcare Medicare Complete Choice			•				\$0.00	-								
		UnitedHealthcareMedicareCompChoice Plus Rx			•				\$22.29	\$22.29	•			•			97	•
ST. LAWRENCE	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE		•					\$20.00	-								
		Medicare Blue PPO - THREE		•					\$44.00	\$21.13		•		•			87	•
		Medicare Blue PPO - TWO		•				ш	\$44.00	\$21.13	•			•			87	•
	Today's Option	Today's Options Basic				•			\$23.95	-								
		Today's Options Premier				•			\$37.95	-								
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx							\$0.00	\$0.00							97	•
		UnitedHealthcare Medicare Complete Choice			•				\$0.00	-								
		UnitedHealthcareMedicareCompChoice Plus Rx							\$22.29	\$22.29	•			•			97	•
	UnitedHealthcare of New York, Inc.	Evercare Plan H	•					لـــــا	\$25.09	\$25.09	•			•			97	•
STEUBEN	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE		•				ldot	\$0.00	-	ļ							
		Medicare Blue PPO - THREE		•				لـــــا	\$24.00	\$23.31	ļ	•		•			87	•
	<u> </u>	Medicare Blue PPO - TWO		•				igspace	\$24.00	\$23.31	•			•			87	•
	Preferred Care GoldAnywhere	Preferred Care GoldAnywhere		•				لـــــا	\$75.00	-	ļ							
	<u>L</u>	Preferred Care GoldAnywhereRx		•				لـــــا	\$110.00	\$35.39	•			•			97	•
	Today's Option	Today's Options Basic Today's Options Premier				•			\$23.95 \$37.95	-								
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx							\$0.00	\$0.00	•						97	•
		UnitedHealthcare Medicare Complete Choice							\$0.00	-								
		UnitedHealthcareMedicareCompChoice Plus Rx							\$22.29	\$22.29				•			97	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cove	erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduct	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
SUFFOLK	Empire BlueCross BlueShield	Senior Plan Direct PPO	TIMO	•	110	Jei vice	I Iaii	I Idii	\$150.00	-	2610	Reduced	(ψ230)	Drugs	Offig	Dianus	1 Officially	Officied
		Senior Plan Direct PPO Plus		•					\$179.00	\$29.26	•	1		•			95	•
	Empire BlueCross BlueShield HMO	Senior Plan Direct	•						\$83.00	-		1						
		Senior Plan Direct Plus	•						\$111.00	\$29.00	•	1		•			95	•
	GHI Medicare Choice PPO	GHI Medicare PPO I		•					\$0.00	-		1						
		GHI Medicare PPO II		•					\$20.00	\$20.00	•	1		•			87	•
		GHI Medicare PPO III		•					\$30.00	\$30.00	•			•	•		87	•
	HIP Health Plan of Greater New York	Part B Only	•		1	1			\$48.87	\$48.87	1	1	•	•			88	•
		Open Access A	•						\$105.00	\$40.70			•				88	•
		Standard A	•						\$105.00	\$40.70			•				88	•
		RX Carveout	•						\$119.00	-			ĺ					
	Hip Insurance Company Of New York	HIP PPO		•					\$159.70	\$40.70		1	•				88	•
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx							\$0.00	\$0.00							97	•
		UnitedHealthcare Medicare Complete Choice							\$0.00	-								
		UnitedHealthcareMedicareCompChoice Plus Rx							\$22.29	\$22.29							97	•
	UnitedHealthcare of New York, Inc.	Evercare Plan H	•						\$25.09	\$25.09	•			•			97	•
SULLIVAN	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx							\$0.00	\$0.00							97	
		UnitedHealthcare Medicare Complete Choice							\$0.00	_								
		UnitedHealthcareMedicareCompChoice Plus Rx							\$22.29	\$22.29							97	
	WellCare	WellCare Prescription Plus	•	 					\$0.00	\$0.00	•	1		•	•		85	•
	Vicioale	WellCare Choice	•		-				\$34.00	\$4.38		-		•			85	•
TIOGA	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE	<u> </u>	•					\$0.00	ψ4.30 -		1	<u> </u>	•			- 65	
1100/1	Excelled Florial Florial Florial	Medicare Blue PPO - THREE		•					\$24.00	\$23.31				•			87	•
		Medicare Blue PPO - TWO		•					\$24.00	\$23.31	•			•			87	•
	Today's Option	Today's Options Basic		1		•			\$23.95	-								
	,	Today's Options Premier				•			\$37.95	-		t e						
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice							\$0.00	\$0.00							97	
		UnitedHealthcare Medicare Complete Choice							\$0.00	-								
		UnitedHealthcareMedicareCompChoice Plus Rx							\$22.29	\$22.29							97	
TOMPKINS	Excellus Health Plan, Inc.	Medicare Blue PPO - ONE	1	•	1	1			\$20.00	ΨΖΖ.ΖΘ	1	1		<u> </u>			J,	
TOWN KIND	Exocindo Ficalul Filali, IIIC.	Medicare Blue PPO - THREE	-	•	 	 			\$44.00	\$21.13	 	•	 	•			87	•
	+	Medicare Blue PPO - TWO	-	•	 	 			\$44.00	\$21.13	•	 	 	•			87	•
-	Today's Option	Today's Options Basic	-	t -	-	•			\$23.95	ψ <u>2</u> 1.13	<u> </u>	†	 	l 			- U,	
	Today 5 Option	Today's Options Premier	-	 	 	- : -			\$37.95	-	 	 	 	<u> </u>				
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice							\$0.00	\$0.00							97	•
	Onloid	UnitedHealthcare Medicare Complete Choice			<u> </u>				\$0.00	φυ.υυ	Ť			<u> </u>			31	•
	1	UnitedHealthcareMedicareCompChoice		<u> </u>	•	l			\$0.00	-	 							

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description							- 4110110, 011		Cost					erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduct	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
ULSTER	GHI Medicare Choice PPO	GHI Medicare PPO I		•					\$0.00	-								
		GHI Medicare PPO II		•					\$20.00	\$20.00	•			•			87	•
		GHI Medicare PPO III		•					\$30.00	\$30.00	•	1		•	•		87	•
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx							\$0.00	\$0.00							97	
		UnitedHealthcare Medicare Complete			1				*****	•								
		Choice							\$0.00	_								
		UnitedHealthcareMedicareCompChoice			<u> </u>				ψ0.00			-						
		Plus Rx			•				\$22.29	\$22.29	•						97	
	UnitedHealthcare of New York, Inc.	Evercare Plan H	•	1	<u> </u>		1		\$25.09	\$25.09	-		l	- : -	l		97	•
		Wellcare Choice			ļ		<u> </u>		\$0.00	\$0.00		-					85	
	WellCare		٠		ļ					_	•			•			65	•
		WellCare Advance	•				<u> </u>		\$0.00	-							0.5	
		WellCare Prescription Plus	•				<u> </u>		\$0.00	\$0.00	•			•	•		85	•
		WellCare Select	•						\$7.46	\$7.46			•	•			85	•
		WellCare Access	•						\$25.70	\$25.70			•				85	•
WARREN	HealthNow New York Inc.	Senior Blue 400	•						\$0.00	-								
		Senior Blue 401	•						\$30.00	-								
		Traditional Blue Medicare PPO 201 Plus		•					\$65.00	-								
		Senior Blue 402	•						\$95.00	\$77.95			•	•			88	•
		Traditional Blue Medicare PPO 202 Plus		•					\$115.00	\$77.95			•	•			88	•
		Senior Blue 406	•						\$125.00	\$107.15	•			•			88	•
		Traditional Blue Medicare PPO 203 Enhanced							\$145.00	\$107.15							88	•
	Today's Option	Today's Options Basic				•			\$23.95	-								
	•	Today's Options Premier				•			\$37.95	-								
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx							\$0.00	\$0.00							97	•
		UnitedHealthcare Medicare Complete Choice							\$0.00	-								
		UnitedHealthcareMedicareCompChoice Plus Rx							\$22.29	\$22.29							97	•
WASHINGTON	HealthNow New York Inc.	Senior Blue 400	•						\$0.00	-								
		Senior Blue 401	•						\$30.00	-								
		Traditional Blue Medicare PPO 201 Plus		•	1				\$65.00	-								
		Senior Blue 402	•						\$95.00	\$77.95			•	•			88	•
		Traditional Blue Medicare PPO 202 Plus		•					\$115.00	\$77.95			•	•			88	•
		Senior Blue 406	•						\$125.00	\$107.15	•		İ	•			88	•
		Traditional Blue Medicare PPO 203		1	i i							İ	İ			İ		
		Enhanced	l	•					\$145.00	\$107.15	•			•			88	•
	Today's Option	Today's Options Basic				•			\$23.95	-			İ				İ	
	•	Today's Options Premier		1	i i	•			\$37.95	-		İ	İ			İ	Ì	
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx							\$0.00	\$0.00							97	
		UnitedHealthcare Medicare Complete Choice							\$0.00	-				-			<u> </u>	-
		UnitedHealthcareMedicareCompChoice Plus Rx							\$22.29	\$22.29							97	

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

includes col	iliacis/piaris approved as	of October 10, 2005. The d	เลเล น	oes n	or relie	CLPAC	>E 0I	rganiz	zations, er	ripioyer s	Cost	eu pian	s, or no	CP Cost F				
		Description								Convenience								
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Cost Demo	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	- Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
WAYNE	Excellus Health Plan, Inc.	Medicare Blue Choice Value	•			00.7.00			\$10.00	-	20.0	11000000	(\$200)	2. ago	Oy	Dianao	. o.maa.y	0.10.00
		Medicare Blue Choice Platinum	•						\$25.00	-								
		Medicare Blue PPO - Plan 101		•					\$60.00	-								
		Medicare Blue Choice Optimum	•						\$69.00	\$24.10	•			•			87	•
		Medicare Blue PPO - Plan 201		•					\$74.00	\$23.83		•		•			87	•
	I I - III N I - W - I I -	Blue Choice Senior					٠		\$132.04	\$24.54	•			•			87	•
	HealthNow New York Inc.	HealthNow Medicare Secure HMO 4.1 HealthNow Medicare Secure PPO 2.1	•	_					\$20.00 \$50.00	-								
		HealthNow Medicare Secure PPO 2.1 HealthNow Medicare Secure HMO 4.2	•	•					\$95.00	\$77.15							88	
		HealthNow Medicare Secure PPO 2.2	<u> </u>						\$125.00	\$77.15	 	 	- : -	1			88	- : -
	Preferred Care Gold	Preferred Care Gold	•	t i			 		\$16.43	ψ. γ. 10 -	1	1			 		50	
		Preferred Care GoldRx	•				1		\$52.00	\$35.60	•			•	l –		97	•
	Preferred Care GoldAnywhere	Preferred Care GoldAnywhere		•					\$75.00	-				İ	1			
		Preferred Care GoldAnywhereRx		•					\$110.00	\$35.39	•			•			97	•
	Today's Option	Today's Options Basic				•			\$23.95	-								
		Today's Options Premier				•			\$37.95	-								
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx			•				\$0.00	\$0.00				•			97	
		UnitedHealthcare Medicare Complete Choice			•				\$0.00	-								
		UnitedHealthcareMedicareCompChoice Plus Rx			•				\$22.29	\$22.29				•			97	•
	WellCare	WellCare Choice	•						\$0.00	\$0.00	•			•			85	•
		WellCare Prescription Plus	•						\$0.00	\$0.00	•			•	•		85	•
		WellCare Dividend	•						\$0.00	-								
		WellCare Select	•						\$7.46	\$7.46			•	•			85	•
WESTSHESTER	Astro Medicare	WellCare Access	•						\$25.83 \$50.00	\$25.83			•				85	•
WESTCHESTER	Aetna Medicare	Aetna Golden Medicare Standard Plan Aetna Golden Medicare Standard Plan w/Rx							\$75.00	\$31.78				_			85	
		Aetna Golden Choice Standard Plar	·				-	-	\$90.00	\$31.78			- : -	•			85	- : -
		Aetna Golden Choice Standard Flan Aetna Golden Choice Premier Plan							\$110.00	\$58.39	•		•	•			97	- : -
	Empire BlueCross BlueShield	Senior Plan Direct PPO		÷					\$43.00	ψ30.33 -	<u> </u>			•	<u> </u>		31	
	Empire Bideerees Bideeriicid	Senior Plan Direct PPO Plus		•					\$72.00	\$29.00	•						95	•
	Empire BlueCross BlueShield HMO	Senior Plan Direct Plus	•						\$19.00	\$19.00	•			•			95	•
	GHI Medicare Choice PPO	GHI Medicare PPO I		•					\$0.00	-								
		GHI Medicare PPO II		•					\$20.00	\$20.00	•			•			87	•
		GHI Medicare PPO III		•					\$30.00	\$30.00	•			•	•		87	•
	LUB Hardte Blancet Constant No. 1	GHI Medicare PPO Value		•			<u> </u>		\$55.21	\$22.46	ļ	ļ	•		1		87	•
	HIP Health Plan of Greater New York	Part B Only	•				<u> </u>		\$48.87	\$48.87	ļ	ļ	•	•			88	•
		Open Access A Standard A	•				1		\$105.00 \$105.00	\$40.70 \$40.70	 	 	•		1		88 88	•
		RX Carveout	•				1		\$105.00	\$40.70	1	1	•	-	1		00	•
	Hip Insurance Company Of New York	HIP PPO	Ť	•			<u> </u>		\$159.70	\$40.70	-	-			-		88	
	Oxford Medicare Advantage	Oxford Medicare Advantage Balance	•	Ť					\$0.00	\$0.00	•	1		•	<u> </u>		97	•
		Oxford Medicare Advantage Signature	•				1		\$0.00	\$0.00	•	1		•			97	•
		Oxford Medicare Advantage Essential	•						\$0.00	-								
	Touchstone Health Partnership	Medicare Dedicated	•						\$0.00	-								
		Medicare Value	•						\$35.00	\$0.00	•			•	•		96	•
		Medicare Freedom	•						\$53.00	\$0.00	•			•	•		96	•
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx							\$0.00	\$0.00	•						97	
		UnitedHealthcare Medicare Complete Choice							\$0.00	-								
		UnitedHealthcareMedicareCompChoice Plus Rx							\$22.29	\$22.29							97	

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description				organizations, employer sponsored plans, or HC							Convenience					
				Type of Medicare Advantage Plan							Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan		Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
WESTCHESTER	UnitedHealthcare of New York, Inc.	Evercare Plan H	•				- 1411	- 1	\$25.09	\$25.09	•		(4-00)	•			97	•
	WellCare	WellCare Prescription Plus	•						\$0.00	\$0.00	•			•	•		85	•
		WellCare Select	•						\$7.46	\$7.46			•	•			85	•
		WellCare Access	•						\$25.86	\$25.86			•				85	•
110/01/110		WellCare Choice	•						\$59.00	\$0.00			•	•			85	•
WYOMING	Excellus Health Plan, Inc.	SeniorChoice Value	•	-					\$0.00	-								
		SeniorChoice Select Univera Medicare PPO 103	•						\$15.00 \$30.00	-								
		Univera Medicare PPO 103		-					\$44.00	\$21.85		•		•			87	•
		SeniorChoice Secure	•	-					\$45.00	\$22.88		•		•			87	-:
<u> </u>	HealthNow New York Inc.	Senior Blue 401	:					l	\$0.00	φ22.00 -				-			O/	•
	TIOGRAFIOW FOR HO.	Traditional Blue Medicare PPO 201 Plus	Ė	•		†		l	\$35.00	-	†							
		Senior Blue 402	•	Ť		1		1	\$95.00	\$57.29	†		•	•		l	88	•
		Traditional Blue Medicare PPO 202 Plus		•					\$110.00	\$57.29			•	•			88	•
		Senior Blue 406	•						\$125.00	\$87.55	•			•			88	•
		Traditional Blue Medicare PPO 203																
		Enhanced		•					\$140.00	\$87.55	•			•			88	•
	Independent Health	Encompass 65 Basic	٠						\$0.00	-								
		Encompass 65 Basic with Rx	٠						\$0.00	\$0.00			•				88	
		Encompass 65	•						\$16.00	-								
		Encompass 65 with Rx	•						\$48.00	\$32.08			•				88	
		Encompass 65 Extra	•						\$55.00	\$46.93	•			•			90	
		Medicare Passport Plan PPO		•					\$60.00	\$32.08	ļ		•				88	
	Preferred Care Gold	Medicare Passport Plan PPO Premier Preferred Care Gold		•					\$118.00 \$16.43	\$51.78	•			•			90	
	Preferred Care Gold	Preferred Care Gold Preferred Care GoldRx	•	-					\$16.43 \$52.00	- \$35.60	•			•			97	•
	Preferred Care GoldAnywhere	Preferred Care GoldAnywhere	·						\$75.00	\$35.60	•			•			97	•
	Treferred Care ColdArrywhere	Preferred Care GoldAnywhereRx		•					\$110.00	\$35.39	•			•			97	•
	Today's Option	Today's Options Basic		l -		•			\$23.95	ψ33.39 -	i i			-			31	-
	Today's option	Today's Options Premier				•			\$37.95	-								
	UnitedHealthcare Medicare Complete Choice	UnitedHealthcare Medicare Comp Choice Rx							\$0.00	\$0.00							97	
		UnitedHealthcare Medicare Complete Choice							\$0.00	-								
		UnitedHealthcareMedicareCompChoice Plus Rx							\$22.29	\$22.29				•			97	•
	UnitedHealthcare of New York, Inc.	Evercare Plan H	•						\$25.09	\$25.09	•			•			97	•
YATES	Excellus Health Plan, Inc.	Medicare Blue Choice Value	•	ļ		ļ			\$10.00	-	 							
		Medicare Blue Choice Platinum	•	ļ			.		\$25.00	-								
		Medicare Blue PPO - Plan 101		•			.		\$60.00	-							6=	
		Medicare Blue Choice Optimum Medicare Blue PPO - Plan 201	•			1		-	\$69.00	\$24.10	•			•			87	•
<u> </u>	-	Blue Choice Senior	 	•		 	•	 	\$74.00 \$132.04	\$23.83 \$24.54		•		•		 	87 87	•
	Preferred Care Gold	Preferred Care Gold	•	1		1	•	-	\$132.04 \$16.43	\$24.54	•			•			0/	•
	r referred Care Gold	Preferred Care Gold Preferred Care GoldRx	÷					l	\$52.00	\$35.60	•			•			97	•
 	Preferred Care GoldAnywhere	Preferred Care GoldAnywhere	⊢ •			1		 	\$75.00	φοσ.σσ	<u> </u>			 		-	31	1
	. isisiisa dare dolariiywiicie	Preferred Care GoldAnywhereRx	l	•		†		l	\$110.00	\$35.39	•						97	•
	Today's Option	Today's Options Basic		1		•			\$23.95	-							Ŭ.	-
	,	Today's Options Premier				•			\$37.95	-								İ
	UnitedHealthcare Medicare Complete	UnitedHealthcare Medicare Comp Choice							******	İ								İ
	Choice	Rx	l		•			l	\$0.00	\$0.00	•			•			97	•
_		UnitedHealthcare Medicare Complete Choice							\$0.00	-								
		UnitedHealthcareMedicareCompChoice Plus Rx							\$22.29	\$22.29				•			97	•